



MEDICAL REPORT

To be completed by the riding applicant's attending physician for the first application to therapeutic riding and at least every three consecutive years after that or more frequently if there has been a change in the rider's medical condition.

Name:

Date of Birth: Month: Day: Year:

Alberta Health Care #: Height: Weight:

Primary Diagnosis:

Date of Onset: Functioning Age Level:

Medications:	Purpose:	Precautions:

Have there been any medication changes in the past six months that would affect the rider's balance or ability to participate? Yes: No:

Explain:

List any Surgeries in the past six months:

Physical Status: Reaction of Extremities: Upper: Lower:
(range of motion, co-ordination, strength, spasticity, etc.)

Mobility: Sitting/Standing Balance:

Physical Aids: Yes: No:
(wheelchair, braces, or other specialized equipment)

If yes, what specialized equipment is needed?

Any Harrington Rods or other internal supportive equipment/hardware? Yes: No:

Speech: Good: Fair: Poor:

Hearing: Good: Fair: Poor:

Vision: Good: Fair: Poor:

Seizures:

Yes:

No:

If yes, explain:

Has there been any seizure activity (except absence seizures) in the past six months?

(See CanTRA policy regarding seizures)

Yes:

No:

Allergies:

Yes:

No:

If yes, explain:

Down Syndrome:

Yes:

No:

If yes, when was the last Atlantal-Axial x-ray?

(See CanTRA policy regarding Atlantal-Axial Instabilities)

How often should it be repeated?

Comprehension:

Anxiety/Depression:

Attitude Towards Disability:

Please note that certain disabilities or conditions are contraindicated for riding. Are there any other physical, mental health or behavioral issues that we need to be aware of that would affect rider's enrollment in this Riding program? Please explain:

Limitations/Precautions:

Name of Physiotherapist:
(including contact info)

General Comments:

Doctor Signature:

Date:

Doctor's Name:

Phone #:

Address: