

Client's Medical History & Physician's Statement



Windrush Farm Accepts THIS FORM ONLY - Windrush Farm cannot accept a physician's form or any other sports related release forms

First Name _____ Last Name _____
 Date of Birth _____ Height _____ Weight _____
 Street _____ City _____ State _____ Zip _____
 Diagnosis _____ Date of Onset _____

Please check any current and past concerns in the following areas, including surgeries:

	Comments
Allergies	<input type="checkbox"/> _____
Auditory	<input type="checkbox"/> _____
Balance	<input type="checkbox"/> _____
Cardiac	<input type="checkbox"/> _____
Circulatory	<input type="checkbox"/> _____
Cognitive	<input type="checkbox"/> _____
Immunity	<input type="checkbox"/> _____
Learning Disability	<input type="checkbox"/> _____
Mental Health	<input type="checkbox"/> _____
Muscular	<input type="checkbox"/> _____
Neurologic	<input type="checkbox"/> _____
Orthopedic	<input type="checkbox"/> _____
Psychological Health	<input type="checkbox"/> _____
Pulmonary	<input type="checkbox"/> _____
Speech	<input type="checkbox"/> _____
Visual	<input type="checkbox"/> _____

Past/Prospective Surgeries _____

Medications _____

Seizure Type _____ Controlled Y N Date of Last Seizure _____

Shunt Present Y N Date of last revision _____ Tetanus Shot Y N Date _____

Special Precautions/Needs _____

Mobility (check all that apply) Independent Ambulation Assisted Ambulation Wheelchair

Please list any Braces or Assistive Devices _____

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that Windrush Farm will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Windrush Farm for ongoing evaluation to determine eligibility for participation.

Name/Title (Please print) _____ MD DO NP PA Other _____

Address _____ City _____ State _____ Zip _____

Phone _____ License/UPIN Number _____

Physician's Signature _____ Date _____ *Valid Only if Dated*

Please see next page for possible precautions and contraindications

Email this form to programs@windrushfarm.org or fax to 888.642.4907

Information for Physician

The following conditions, if present, may represent precautions or contraindications to equine assisted activities.

Please note whether any of these conditions are present and to what degree. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact us at 978.682.7855.

Orthopedic

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities – including
neurologic symptoms
Scoliosis
Kyphosis
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Medical

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Cardiac Conditions
Stroke (Cerebrovascular Accident)
Exacerbations of medical conditions i.e. RA,
MS
Medical Instability
Migraines
Respiratory Compromise
Substance Abuse

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Paralysis due to Spinal Cord Injury

Psychological

Animal Abuse
Physical/Sexual/Emotional Abuse
Fire Setting
Danger to Self or Others
Thought/Weight Control Disorders

Secondary Concerns

Behavior Problems
Poor Endurance
Acute Exacerbation of Chronic
Disorder
Indwelling Catheters/Medical
Equipment
Skin Breakdown
Medications – e.g. photosensitivity