



Please return this form to patient or Moving Forward Ranch, Inc.
 info@movingforwardranch.org
 W6227 Raven Rd., Wausaukee, WI 54177
 Ph: (715) 927-2069 Fax: (715) 854-7177

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present: Y N Date of Last Revision: _____
 Special Precautions/Needs: _____

Ambulation: (Circle One) Independent Assisted Wheelchair:

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: ___ Result: + -

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current of past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the Moving Forward Ranch, Inc. will weigh the medical information given against the existing precautions and contraindications.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____



Orthopedic

Atlantoaxial Instability – include neurological symptoms
Coxa Arthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Blood Pressure Control
Exacerbations of medical conditions
Hemophilia
Migraines
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders

NOTES:
