



Medical Clearance/Health History

To be completed by a licensed health care provider and returned to High Lonesome Therapeutic Equestrian Center

15712 Joe Brown Hwy
Murphy, NC 28906
Phone: 828-835-3739

Name: _____ DOB: _____ Height: _____ Weight: _____ Date of Last Visit: _____

High Lonesome Therapeutic Equestrian Center provides equine-assisted services designed to benefit people mentally, physically, and socially. In order to assure the fullest possible protection and greatest personal benefit from the program, each participant is required to furnish the following information prior to participation of activities. All participants must resubmit a new Medical Clearance/Health History form every two years. However, this form will need to be reviewed and initialed on the off year. **Individuals with Down syndrome must resubmit the Medical Clearance/Health History form on an annual basis.**

Diagnosis: _____ Cause: _____ Onset: _____

Medications: _____

Reasons for Medications: _____

Physically Impaired _____ Area(s) Affected: _____

Mental/Developmental Delays Specify: _____

Shunt Present? Y N Location & Date of Last Revision: _____

Spinal Joint Fusion/Fixation? Y N Dates: _____

If yes to the above, please provide details here: _____

For those with Down syndrome: Because of the nature of mounted equine activities, no person diagnosed with Down syndrome can be mounted if they are actively showing neurological signs of Atlantoaxial Instability.

Neurologic Symptoms of Atlantoaxial Instability Present Absent

Signature of Licensed Physician _____

Please check all secondary conditions. Include complete information pertaining to each problem.

- Allergies _____
- Cardiac _____
- Diabetes Type: _____
- Hearing Assistive Devices: _____
- Hemophilia _____
- Hips (sublux, dislocating) _____
- Hydrocephalic _____
- Incontinence _____
- Infectious Disease Specify: _____
- Kyphosis/Lordosis/Scoliosis Degree/Type: _____
- Pressure Sores Location: _____
- Seizures Type: _____ Controlled? Yes No
Date of Last Seizure: _____
Location: _____
- Sensory Loss/Sensitivity _____
- Speech _____
- Spinal Cord Injury Level/Degree: _____
- Surgery Dates: _____
- Visual _____
- Other _____

Mobility: Can propel self? Yes No If No, what level of assistance required: Minimal Moderate Full Lifting

Assistive Devices Used: Type: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine- assisted activities and/or therapies. I understand that High Lonesome Therapeutic Equestrian Center will weigh the medical information given against the existing precautions and contraindications (**See back of form or other sheet for list of precautions and contraindications**).

Health Care Provider's Signature: _____ Date: _____

Health Care Provider's Name (please print): _____ Phone: _____

Information for Physician

The following conditions may suggest precautions and contraindications for participation in equine-assisted services. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossification
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
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
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted services, please feel free to contact High Lonesome Therapeutic Equestrian Center at the address/ phone indicated on the first page.