

HEALTH HISTORY

(This form must be updated annually or more frequently if needed)

To be completed by Participant or Parent/Guardian if participant is under 18 or has a guardian:

Participant Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Tetanus Shot: Yes No Date of most recent shot: _____

Primary diagnosis: _____

ONSET (Please check one): Birth Childhood Adolescence Adulthood

Secondary: _____ Tertiary: _____

Verbal: _____ yes _____ no _____ limited Vision: _____ normal _____ impaired Hearing: _____ normal _____ impaired

Participant is ambulatory with:

_____ no assistance _____ wheelchair _____ crutches _____ braces _____ walker/cane _____ other

Participant can sit:

_____ independently _____ with minimal support _____ with maximal support _____ not at all

Please provide a brief health history, including past and current medical conditions, surgeries, physical limitations and any other significant health information (use back of page if needed):

Food allergies/sensitivities or other extreme allergies: _____

Please list all current medications (use back of page if needed):

1. _____ taken for: _____
2. _____ taken for: _____
3. _____ taken for: _____

Shunt Present: Y N Date of last revision: _____

Seizures: _____ No _____ Yes If yes, type of seizures: _____

Controlled? Y N Avg. # of seizures per month: _____ Date of last seizure: _____

The above information is correct to the best of my knowledge. I understand that participation in any Due West Therapeutic Riding Program also requires a physician's evaluation and signature indicating medical approval.

Signature of Adult participant or Parent/Guardian if under 18 or have a guardian

Date