



Crossroads Center

Rena Cross, Executive Director 18252 Road 4 Liberal, Kansas 67901 620-629-5107

Participant Medical History and Physician's Statement

(to be taken to your physician and filled out by them)

Participant: _____ DOB: _____ Height: _____ Weight: _____

Parent / Guardian: _____

Tetanus Vaccination: Y N Date: _____

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: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: Pos Neg

Neurologic Symptoms of Atlantoaxial Instability: _____

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

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Please continue on other side.

Please list any restrictions regarding activities or positioning.

Please include any additional information you feel would be helpful.

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

Client may participate in therapeutic riding activities Yes No

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____

Please contact Crossroads Center, Inc. if you have any questions.