North Carolina 4-H Horse Show Adaptive Riding Division
Medical History Form

Date____

Name____Date of Birth________________________Age_________

Sex ________ Height_______ Weight_______Pulse___________________ Blood Pressure___________________

Diagnosis____

Cause____

Medications (type, purpose, dose)____

____

____

____

If Downs Syndrome, Atlanto-Axial Subluxation? Yes No

Cervical X-ray for Atlanto-Axial Subluxation? Pos. Neg. Date _________

Tetanus Shot? Yes No Date________________

Please indicate if the client has or has a history of the following secondary problems. If YES, please include COMPLETE information pertaining to the problem.

Problem	**Yes**	**No**	**If Yes, or history of, describe:**
Auditory Impairment	_______	_________	______________________________
Learning Disability	_______	_________	______________________________
Mental Impairment	_______	_________	______________________________
Psychological Impairment	_______	_________	______________________________
Speech Impairment	_______	_________	______________________________
Visual Impairment	_______	_________	Glasses:_______________________
Allergies	_______	_________	______________________________
Cardiac	_______	_________	______________________________
Circulatory	_______	_________	______________________________
PVD	_______	_________	______________________________
Postural Hypotension	_______	_________	______________________________
Hemophilia	_______	_________	______________________________
Pulmonary	_______	_________	______________________________
Asthma/COPD	_______	_________	______________________________
Neurological	_______	_________	______________________________
Seizures	_______	_________	Type:__________________________
Controlled	_______	_________	Last Seizure:____________________
Hydrocephalus	_______	_________	______________________________
Shunt	_______	_________	# Revisions:_____________________
Sensory Loss	_______	_________	______________________________
Pain	_______	_________	______________________________

Problem	Yes	No	If Yes, or history of, describe:
Muscular	________	________	______________________________
Contractures	________	________	______________________________
Skeleletal	________	________	______________________________
Spinal Column Injury	________	________	______________________________
Subluxing Joints	________	________	______________________________
Dislocating Joints	________	________	______________________________
Laminectomy/Fusion	________	________	______________________________
Scoliosis (degree, type, brace, last X-ray)	________	________	______________________________
Kyphosis/Lordosis	________	________	Degree, type______________________
Spondylolisthesis	________	________	______________________________
Spinal Abnormality	________	________	______________________________
Osteoporosis	________	________	______________________________
Heterotrophis Ossification	________	________	______________________________
Joint Disease	________	________	______________________________
Cranial Defects	________	________	______________________________
Fractures	________	________	Location?_____________ Healed?_______
Other	________	________	______________________________

Medical History

Please explain any medical problems not indicated above.

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Please indicate any special precautions.

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Mobility Status

Ambulatory? Yes______ No______ Can the student walk independently? Yes____No____

If no, describe:____

Prosethetics/Orthodontics

Type_______________________________ Purpose____

Type_______________________________ Purpose____

Please give any other additional information that might help us to work with this student. Thank you for your time!

Physician's Signature______________________________________Date________________________

Physician's Name (please print)____

Address____

Phone number______________________________

This form is to be used by participants in the adaptive riding division only. It should be re-submitted every two years. Information contained herein will be maintained in confidence and is required for the safety and continued development of the adaptive riding programs.

Form TRD2-91