Participant Annual Medical Update

This is a medical update form to be completed by a physician.

Participant's Name: _____ **DOB:** _____/_____/_____

Dear Healthcare Provider:
Your patient has been participating in equine activities at TROT and is due for an update of their medical status. Please provide an update of information in the space below (if more space is needed, please use the reverse side). Address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medication, treatment, weight, or behavior. ***Please indicate current height and weight.***

Diagnosis _____**Current Height:** _____ **Current Weight:** _____

Date participant was last seen by licensed health care provider: _____

If diagnosis is Down's Syndrome:

Date of last Atlantoaxial Interval X-rays: _____ Result: Positive Negative

Does the patient have neurological symptoms of Atlantoaxial Instability? Yes No

Areas	Normal	Problem/ Deficits	Comments/ Surgeries	Areas	Normal	Problems/ Deficits	Comments/ Surgeries
Auditory				Allergies			
Visual				Learning Disability			
Speech				Mental Impairment			
Cardiac				Physical Impairment			
Pulmonary				OTHER			
Neurological							
Orthopedic				SHUNTS			
Scoliosis				GI TUBES			
				CATHETER			

Mobility Skills	Yes	No
Independent Ambulation		
Braces		
Crutches		
Walker/Wheelchair		

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

Physician's Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____Physician's Name/Title (please print): _____