



TRIPLE H EQUITHERAPY CENTER

Horses Helping the Handicapped, Inc.
 PATH, Int'l Certified Therapeutic Horsemanship Facility
 791 Backhaus Road; Pipe Creek, Texas 78063
 (830) 510-9515 Office (830) 535-4208 Fax

Participant's Health History

Participant Name: _____ Gender: ___ DOB: _____ Height: _____ Weight: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Diagnosis (*mandatory*): _____ 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

Describe any braces or assistive devices: _____

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

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

Parent/Guardian/Caregiver Signature: _____ Date: _____

Medical Professional's Statement

For those with Down Syndrome: AtlantoDens Interval X-Rays Date: _____ Result: + or -

Neurologic Symptoms of AtlantoAxial Instability: _____

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

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

License/UPIN Number: _____ Signature: _____ Date: _____

Reviewed By: _____ Instructor: _____ Head Instructor: _____
 Date: _____ Date: _____
 Signature: _____ Signature: _____