

Dreams Go On with High Hopes
Therapeutic Horseback Riding program
Lake View Stables 1403 Turkey Valley Road
Hollidaysburg, PA 16648
www.DreamsGoOn.com

MEDICAL REPORT

Rider: _____ Date: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____

Pulse: _____ Blood Pressure: _____

Diagnosis and Medications (type, purpose, dose): _____

Allergies: _____

If Down's Syndrome, Atlantoaxial Dislocation?: YES _____ NO _____

Cervical X ray for ADC: Positive _____ Negative _____ Date: _____

(Required for program acceptance)

PROBLEM YES NO IF YES, DESCRIBE: _____

Auditory
Impairment

Learning
Disability

Mental
Impairment

Psychological
Impairment

Speech
Impairment

Visual
Impairment

Circulatory

