Barn Address
Lake View Stables
1403 Turkey Valley Road
Hollidaysburg, PA 16648
www.DreamsGoOn.com

Mailing Address
Ketrow / Kurtz Travel
% Karen Kurtz
110 Hollidaysburg Plaza
Duncansville, PA 16635

MEDICAL REPORT

Rider Name: _____ Date: _____

Date of Birth: _____ Sex: _____ Height: _____

Weight: _____ Pulse: _____ Blood Pressure: _____

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

_____

Allergies: _____

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

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

(Required for program acceptance)

Please complete the following chart:

Diagnosis	YES	NO	Explain
Auditory Impairment			
Learning Disability			
Mental Impairment			

Diagnosis	YES	NO	Explain
Psychological Impairment			
Speech Impairment			
Visual Impairment			
Circulatory			
Pulmonary			
Neurological			
Seizures			Type: Controlled? Date of last seizure?
Hydrocephalus			Shunt?
Sensory Loss			
Muscular (contractures)			
Skeletal (spinal, joint, scoliosis, kyphosis)			
Mobility			
Prosthetics/ orthodontics			
Other:			
Additional Info:			

Please describe additional information or special precautions to help us to work with this Rider:

_____

_____

_____

DOCTOR RECOMMENDATION:

_____ YES, this patient is a suitable candidate for Dreams Go On, Inc. Therapeutic Horseback Riding Program

_____ NO, I do not recommend this patient be involved in horseback riding

Physician's Name: _____

Physician's Signature: _____

Physician's Address/Phone: _____

_____

If you have any questions or concerns or would like the paperwork mailed to you, please contact me at 84-312-2614 or dkelly1006@atlanticbb.net

Please return this document to the mailing address listed at the top of this form. Thank you for your time.

Sincerely,

Debbie Kelly
Program Manager
Dreams Go On, Inc.