Rhythm of the Rein Therapeutic Riding and Driving Program
PO Box 86, Waterbury Center, VT. 05677
388 U Route 2, Marshfield, Vt. 05658
1-802-426-3781
rhythmoftherein1@gmail.com

Health History for Alternative Riding Program

Name_____ DOB_____
Hight _____ Weight _____ (used to determine appropriate horse)
Parent or Guardian _____ Phone _____
Adress_____
Medical Insurance Co._____ Policy #_____
Ins. Co. Phone # _____ Group #_____
List any medical conditions _____
_____
_____
_____
(If Downs Syndrome, attach MD certification of absence of Atlanto-axial Instability)
Allergies _____
_____
Medications _____
_____
Emergency Contact Name _____ Phone #_____
Physician Name _____ Phone #_____
Physical functional abilities (walking, transfers, devices used, continence, etc.)_____
_____
_____
_____
Psychosocial (school, work, leisure activities, fears, concerns) _____
_____
_____
_____
Goals (what would you like to accomplish?) _____
_____
_____
_____

I attest that I have disclosed any medical conditions that may affect my ability to participate in Equine Assisted Activities.

_____
Participant, Parent, or Legal Guardian signature Date