



Reins of Life, Inc.

55200 Quince Road, South Bend, IN 46619
 Phone: (574) 232-0853 Fax: (574) 232-1104
 Website: _____

Rider's Medical History and Physician's Statement

Rider's Name: _____ DOB: _____
 Address: _____
 Name of Parent/Guardian: _____

Diagnosis: _____ **Date of Onset:** _____
Height: _____ **Weight:** _____ **Tetanus Shot:** _____

Medications	Amount	Time Given

Seizures: Y N Type: _____ Controlled: _____ Date of last seizure: _____

For persons with Down Syndrome: Cervical X-ray for Atlantoaxial Instability
 _____ positive _____ negative x-ray date: _____

Developmental Challenges

Please indicate if patient has any difficulty in the following areas. If yes, please comment.

Auditory: _____
 Speech/Language: _____
 Vision: _____
 Cardiac: _____
 Pulmonary: _____
 Neurological: _____
 Muscular: _____
 Orthopedic: _____
 Fine Motor: _____
 Gross Motor: _____
 Allergies: _____
 Learning Disability: _____
 Cognitive Delay: _____
 Mental Impairment: _____
 Social Interactions: _____
 Psychological Impairment: _____
 Behavior Problems: _____

Mobility: Independent Ambulation: _____ Braces: _____
 Crutches: _____ Walker: _____ Wheelchair: _____

Over to complete →→→