



Helen Woodward Animal Center Therapeutic Riding Program  
Client Medical Update Form

These forms help us to meet PATH, Intl. standards, and provide information that helps us give your student the best lesson possible. Please print, and fill out carefully and legibly. Thank you!

Date: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Name of parent or guardian completing form (if other than student):

\_\_\_\_\_

Operations in the last 12 months: \_\_\_\_\_

Current medications: \_\_\_\_\_

Seizures (type & frequency): \_\_\_\_\_

Changes to mobility: \_\_\_\_\_

\_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

What are some of the most significant benefits (physical, cognitive, social, or emotional) you've seen in yourself/your student as a result of participating in therapeutic riding?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some goals that you would like the therapeutic riding team to help you/your student achieve over the next 12 months?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_