

Therapeutic Riding, Inc. Form #7
4715 E. Joy Road, Ann Arbor, MI 48105

Physical or Occupational Therapist and/or Teacher Assessment

This form is valid until December 31 of the year signed.

Rider: Full Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ School or Group Affiliation _____
Diagnosis _____ Age of Onset _____

Therapeutic Riding Inc. is a therapeutic horseback riding program designed to benefit the riders physically, socially, and emotionally. Only North American Riding for the Handicapped (NARHA) certified instructors are qualified to teach in the program. Appropriate safety equipment is used at all times. Volunteers and horses are trained to meet the needs of the riders.

In order to ensure the fullest possible protection and greatest personal benefit for each rider, you are asked to furnish the following information, to be used in conjunction with the rider's Physician's Referral, in developing his/her individualized program. All information is maintained in confidentiality as prescribed by Public Laws 94-142.

Rider not currently working with therapist or teacher (*Parent/Guardian or Adult Rider please sign below*)

Physical Limitations _____

Precautions to be observed:

1. Mounting: _____
2. Riding: _____
3. Dismounting: _____

NOTE: Mounting blocks and ramps are available for use as needed.

Suggested exercises:

1. Pre-Ride: _____
2. Mounted: _____
3. Post-Ride: _____

Social/Emotional Responses

1. Attitude: _____
2. Communication: _____
3. Behavior: _____

Suggested areas to be improved through participation in the Therapeutic Riding Inc. riding program:

COMMENTS:

Signature: _____ or Signature _____
Physical/Occupational Therapist/Teacher – circle appropriate Parent/Guardian/Adult Rider – circle appropriate

Address: _____
City: _____ State: _____ Zip: _____