Therapeutic Riding, Inc. Form #6
3425 E. Morgan Road, Ann Arbor, MI 48108

Physician's Referral for Horseback Riding

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

No individual can be accepted for riding instruction in Therapeutic Riding Inc. until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or older.

Rider Name_____ Date _____
Address_____
City_____ State_____Zip_____
Date of Birth_____ Height_____ Weight_____
Parent/Guardian (if under 18)_____

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 rider's fullest possible protection and greatest personal benefit from the program, every rider is required to furnish the following medical information before being accepted as a riding student.

Diagnosis_____Age of Onset_____

If the diagnosis is Down Syndrome, this form must be accompanied by one of the following documents:

1. Therapeutic Riding Inc. Down Syndrome Rider Evaluation
2. A signed, dated, statement from a qualified physician giving the date and result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition.
   NOTE: Because of the nature of the activity of horseback riding, no individual diagnosed as having Down Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray for Atlanto-Axial Dislocation Condition.

Medical History:_____
_____
_____

Surgical Procedures:_____
_____
_____

Medications_____
For_____

Defects Present in: ☐ Sight ☐ Hearing ☐ Speech ☐ Neuro-Sensation
☐ Muscle Tone ☐ Balance ☐ Coordination ☐ Mobility

Are braces or other assistive devices used? ☐ Yes ☐ No
Specify: ☐ Crutches ☐ Wheelchair ☐ Walker ☐ Other _____

Note: Due to the nature of the activity, indwelling spinal rods are contraindicative to horseback riding.

Comment if Applicable: Seizures_____
Incontinence:_____ Other_____
General Comments_____
_____

In my opinion, the patient named can receive riding instruction under appropriate supervision.
Physician's Signature:_____ Date_____

Physician's Name_____Phone (_____)_____
Address_____
City_____ State_____ Zip_____