



Physician's Statement

Rider: _____ Date of Birth _____ Sex _____

Height _____ Weight _____ Pulse _____

Blood Pressure _____

Diagnosis/Presenting Problem:

Medications:

Allergies:

Date of last Tetanus shot _____ OR _____ has not received; reason _____

In case of Down's Syndrome: On examination of cervical spine X-rays including full flexion and full extension views, I find the above named person as: Check one _____ No evidence of Atlantoaxial instability _____ Positive or equivocal evidence of Atlantoaxial instability Current findings or concerns, precautions or contraindications (for a list of possible precautions or contraindications, please refer to the RH physician's letter)

Mobility status: Ambulatory yes no Circle if patient uses: wheelchair/walker/crutches/cane

Prosthetics/orthotics yes no

Describe _____

13039 Falcon Hwy, Peyton, Colorado 80831
www.reigninghope.net info@reigninghope.net
p: 719-209-3365 f: 719-434-9926



Other: Please give any other information that you feel is important

In my opinion, this patient can receive Equine Movement (Hippotherapy) instructions under appropriate supervision.

***SCRIPT WITH PHYSICIAN RECOMMENDATION REQUIRED FOR PHYSICAL THERAPY**
***SCRIPT WITH PHYSICIAN RECOMMENDATION REQUIRED FOR OCCUPATIONAL THERAPY**
(Please attach here)

No script required for therapeutic riding.

Physician's Signature

Date

Name (please print or type)

Phone

Address

Medical History

Please indicate if your patient had or has a history of any of the following conditions by checking yes or no. Please include relevant information pertaining to the problem.

Patient Name _____ Date _____

13039 Falcon Hwy, Peyton, Colorado 80831
www.reigninghope.net info@reigninghope.net
p: 719-209-3365 f: 719-434-9926

Condition	No	Yes	Please Explain
Allergies			
Auditory impairment			
Learning Disability			
Mental Impairment			
Psychological impairment			
Speech impairment			
Visual Impairment			

Diabetes			
Infectious Disease(s)			
Cardiac			
Circulatory			
PVD			
Postural Hypotension			
Hemophilia			
Pulmonary			
Asthma			
COPD			
Neurological			
Seizures/type Last seizure / /			
Hydrocephalus			
Shunt			
Sensory Loss			
Pain			

Muscular			
Contractures			
Skeletal			
Spinal Column Injury			
Subluxing Joints			
Dislocating Joints			
Laminectomy/fusion			
Scoliosis-Degree			
Type of brace/Last X-Ray			
Kyphosis/Lordosis Degree/Type			
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Arthritis			
Joint Disease			
Cranial Defects			
Head Injury			
Fractures			

13039 Falcon Hwy, Peyton, Colorado 80831
www.reigninghope.net info@reigninghope.net
p: 719-209-3365 f: 719-434-9926