



HOPE Therapeutic Riding Center

P.O. Box 334, Langley, WA 98260 (360) 221-7656

Email: hope@whidbey.com

Website: www.hope-whidbey.org

Dear Health Care Provider:

Date: _____

Your patient, _____, is interested in participating in supervised equine-assisted activities. In order to safely provide this service, our center requests that you complete the attached **Medical History and Physician's Statement** form. Please note that the following conditions may suggest precautions and contraindications to equine activities. We operate under the guidelines established by the North American Riding for the Handicapped Association (www.narha.org). Therefore, when completing the attached form, please indicate whether any of the conditions listed below are present and to what degree. This is not an all inclusive list, so please provide additional information as necessary. Being as specific as possible will assist our Head Instructor greatly in determining the student's eligibility and the most effective program for the student.

<u>ORTHOPEDIC</u>	<u>PSYCHOLOGICAL</u>	<u>MEDICAL</u>
Atlantoaxial Instability – include neurologic symptoms	Animal Abuse	Allergies/Asthma
Coxa Arthrosis	Physical/Sexual/Emotional Abuse	Cardiac Condition
Cranial Deficits	Dangerous to self or others	Blood Pressure Control
Heterotopic Ossification/Myositis Ossificans	Fire Settings	Hemophilia
Joint subluxation/dislocation	Depression	Hydromyelia
Osteoporosis	PTSD	Immuno disorders
Pathologic Fractures	Bipolar Disorder	Medical Instability
Spinal Joint Fusion/Fixation		Migraines
Spinal Joint Instability/Abnormalities	<u>OTHER</u>	PVD
	Age – under 4 years	Recent Surgeries
<u>NEUROLOGIC</u>	Indwelling Catheters/Medical Equipment	Respiratory Compromise
Hydrocephalus/Shunt	Medications (e.g. photosensitivity)	Substance Abuse
Seizures	Poor Endurance	Exacerbations of medical conditions (e.g., RA, MS)
Spina Bifida/Chiari II malformation/Tethered Cord	Skin Breakdown	TBI

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us.

Sincerely,

//Signed//

Karen S. Newman

Executive Director

Enclosure: Participant's Medical History and Physician Statement Form

09/09

"Grab the Reins of Life with HOPE!"