

**WILLOW FARM THERAPEUTIC HORSEBACK RIDING
PHYSICIAN REFERRAL**

Name _____ DOB _____

Diagnosis _____ Height _____ Weight _____

Date of Onset _____ Parent/Guardian _____

WILLOW FARM THERAPUETIC RIDING is a horseback riding program designed to benefit the riders physically, socially and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protection and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a rider.

NOTE: If this child has down's syndrome, please certify the following statement:

This patient has a negative x-ray for atlantoaxial dislocation.

physician signature

Please note anything of concern as the treating physician in the following areas:

Medical History _____

Surgeries _____

Defects in: sight _____ hearing _____ speech _____ balance _____ tone _____

neuro-sensation _____ coordination _____ mobility _____

Brace use _____ Continenence _____ Seizures _____

Other _____

IN MY OPINION THE PATIENT NAMED CAN RECEIVE RIDING INSTRUCTION
UNDER APPROPRIATE SUPERVISION.

Physician Signature _____ Date _____

Form is valid for one year from the date of the physician signature.