



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 _____



Reigning Hope Therapy Services

Farm Clinic

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 _____

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

13039 Falcon Hwy, Peyton, Colorado 80831
 www.reigninghope.net kesti@reigninghope.net
 p: 719-209-3365 f: 719-960-2139

Reigning Hope Therapy Services



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 kesti@reigninghope.net
 p: 719-209-3365 f: 719-960-2139