



Physician's Approval Form
 A physician's approval is required of any rider with a diagnosis

Name: _____ Date of birth: _____

Patient's height: _____ Patient's weight: _____

Address: _____
Street City State Zip code

Diagnosis: _____ Date of onset: _____

Mobility: Independent Ambulation: ___ Y ___ N ; Assisted Ambulation: ___ Y ___ N
 Braces/Assistive Devices: _____

For Clients with a diagnosis of Down Syndrome:

AtlantoAxial X-Ray, date: _____ Result for subluxation: ___ Positive ___ Negative

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate special need in the following areas, including surgeries:

Area	yes	no	comment
auditory			
visual			
speech			
cardiac			
circulatory			
pulmonary			
neurological			
muscular			
orthopedic			
allergies			
learning disabilities			
mental impairment			
psychological impairment			
other			

In my opinion, this patient can receive riding instruction under appropriate supervision.

Precautions or restrictions to therapeutic horseback riding _____

Physician's name (print please): _____ **Phone:** _____

Address: _____
Street City State Zip code

****Physician's signature:** _____ **Date:** _____

**Form must be signed by the physician

Information for Physicians

Ironstone Farm - Home of Challenge Unlimited and Ironstone Therapy
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 www.IronstoneFarm.org programs@challengeunlimited.org

The following conditions, if present may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978.475.4056.

Contraindications:

Indwelling Catheter

Orthopedic:

Spinal Joint Fusion/Fixation

Spinal Joint Instabilities/Abnormalities

Atlantoaxial Instabilities (incl. Neurological symptoms)

Joint Subluxation/Dislocation

Osteoporosis

Pathological Fractures

Coxas Arthrosis

Heterotopic Ossification/Myositis Ossification

Osteogenesis Imperfecta

Spinal Orthoses

Internal Spinal Stabilization Devices

Neurological:

Hydrocephalus/Shunt

Spina Bifida

Tethered Cord

Chiari II Malformation

Hydromyelia

Seizure Disorders

Multiple Sclerosis

Medical /Psychological:

Allergies

Hemophilia

Cardiac Condition