

Therapeutic Horsemanship of West Michigan
PHYSICIAN'S REFERRAL

Student's Name _____ Date _____
Date of Birth _____
Address _____ City _____ State _____ Zip _____
Height _____ Weight _____ Parent/Guardian _____

Therapeutic Horsemanship of West Michigan is an equine-related program designed to offer the student therapeutic and recreational horse activities with physical, emotional and social benefit. Instructors are certified by Cheff Center for the Handicapped, Augusta, Michigan; the North American Riding for the Handicapped Association; or Equine Assisted Growth and Learning Association. Safety equipment and specially trained horses and volunteers are used in each program. In order to ensure the fullest possible protection and greatest personal benefit from the program, every student is required to furnish the following information before being considered for activity with inherent risks.

Student is permitted: full riding participation dismounted participation only (including driving activities)

Diagnosis _____ Date of Onset _____

If diagnosis is Down's Syndrome, this form must be accompanied by one of the following documents:

1. Therapeutic Horsemanship of West Michigan Down's Syndrome Rider Evaluation
2. A signed, dated statement from a qualified physician giving the date and end result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition.

Medical History _____

Surgical Procedures (where pertinent to activity) _____

Medications: _____ for _____
_____ for _____
_____ for _____

Defects present in: Sight Hearing Speech Neuro-sensation
Muscle Tone: Spastic Ataxic Balance Coordination Mobility

Incontinence _____

Seizures (please detail) _____

Last noted seizure _____

Are assistive devices used? Yes No

Specify: Crutches Wheelchair Braces Other _____

Additional Comments: _____

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

***Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Note: Michigan Special Olympics physician forms are NOT acceptable in lieu of this referral.

Therapeutic Horsemanship of West Michigan
P.O. Box 248
Nunica, MI 49448-0248