

# ACCESS ADVENTURE

P. O Box 2852, Fairfield, CA 94533  
707-999-1419

## Physician Referral Form

Student: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_Y\_\_\_N Date of Onset: \_\_\_\_\_

Shunt Present: \_\_\_Y\_\_\_N Date of Last Revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: \_\_\_ Independent Ambulation \_\_\_ Assisted Ambulation \_\_\_ Wheelchair

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* AtlantosDens Interval X-rays – Date: \_\_\_\_\_ Result: \_\_\_ positive \_\_\_ negative

Neurologic Symptoms of AltatoAxial Instability: \_\_\_\_\_

	Y	N	COMMENTS
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN: \_\_\_\_\_

**PLEASE CAREFULLY READ PRECAUTIONS AND CONTRAINDICATIONS ON REVERSE PAGE**

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**Please note that the following conditions may suggest precautions and contraindications to Therapeutic Driving. Therefore, when completing this form, please note whether these conditions are present, and to what degree.**

### **Orthopedic**

Atlantoaxial Instability – include neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities

### **Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

### **Medical/Psychological**

Allergies  
Animal Abuse  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to self or others  
Exacerbations of medical conditions  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

### **Other**

Age – under 4 years  
Indwelling Catheters  
Medications – i.e., photosensitivity  
Poor Endurance  
Skin Breakdown