

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