

The Therapeutic Riding Program at FENCE

Date:	www.fence.org/TROT therapeuticriding@fence.org
Dear Health Care Provider:	
Your patient	
	(participant's name)

is interested in participating in supervised equine assisted activities at TROT.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures (e.g., RA, MS)
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

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

Other

Age - under 4 years
Indwelling Catheters/Medical Equipment
Medications - e.g., Photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

3381 Hunting Country Road

Tryon, NC 28782 Phone: 828-859-9021

Fax: 828-859-9315

Allergies Animal Abuse Cardiac Condition Physical/Sexual/Emotional Abuse Blood Pressure Control Dangerous to Self or Others **Exacerbations of Medical Conditions** Fire Settings Hemophilia Medical Instability Migraines **PVD** Respiratory Compromise Recent Surgeries Substance Abuse **Thought Control Disorders** Weight Control Disorder/Obesity

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,

Summaiya D'Adamo Program Director Therapeutic Riding of Tryon at FENCE