



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

Dear Physician,

Your patient, _____ DOB: _____, is interested in being cleared for participation in recreational riding at Carlisle Academy Integrative Equine Therapy & Sports. This could include arena work in walk, trot, canter, trail riding, jumping and equine preparation for the lesson. We are asking you to review and provide medical clearance so that your patient may participate in our program.

Patient Height _____ Patient Weight: _____

(Note: Please provide us with the most recent weight of your patient as we have a 200lb weight limit for our riders to maintain the health and safety of our horses)

Please check any possible precautions:

Uncontrolled seizures

Cranial Defects

Uncontrolled Blood Pressure Control

Joint subluxation/dislocation Indicate joint(s) involved: _____

Osteoporosis

Exacerbations of medical conditions Indicate condition: _____

Spinal Fusion/Fixation Indicate level _____

Spinal Instability/Abnormalities Indicate level _____

Pelvic abnormalities

Status post joint replacement Indicate joint(s) and precautions: _____

Cardiopulmonary Conditions please specify: _____

Migraines

PVD

Hemophilia

Recent Surgeries please specify: _____

Pregnancy

Post-Partum

CHECK ONE:

By signing this, I believe that the above individual can participate in recreational riding without restrictions.

At present the above individual is not medically cleared for recreational riding.

Physician Name: (printed) _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ NPI Number: _____