



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

Dear Physician,

Your patient, _____, DOB: _____ is interested in participating in one of the following:

- Physical and/or Occupational Therapy evaluation and treatment using all appropriate treatment methods including hippotherapy as a treatment strategy.
- Adaptive riding or carriage driving. (Adaptive, recreational sport).

All of Carlisle Academy's programs and instructors are accredited and credentialed by the Professional Association of Therapeutic Horsemanship, Intl (PATH, Intl). Carlisle Academy's therapists are Hippotherapy Clinical Specialists (advanced) by the American Hippotherapy Certification Board.

Patient Address: _____

City: _____ State: _____

Parent/Legal Guardian/Caregivers: _____

Address (if different): _____/Phone _____

Diagnosis Date of Onset: _____

(Circle one) Birth Childhood Adolescence Adulthood

Seizure Type: _____ Controlled: **Yes No** Date of Last Seizure: _____

Shunt Present: **Yes No** Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation **Yes No** Assisted Ambulation **Yes No** Wheelchair **Yes No**

Braces/ Devices/Medical Equipment: _____

Medical & Surgical History: _____

For those with Down syndrome:

Neurologic Symptoms of Atlantoaxial Instability: _____ Present _____ Absent

Medication List (attach separate list if needed)

Medication	Dosing	Taken For	Potential Side Effects

Participant's Medical History and Physician's Statement

Participant Name: _____

DOB: _____ Height: _____ 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 note: The following conditions may suggest precautions and contraindications to equine activities and therapy and we are not able to initial services without completion of this form. Please check off all relevant conditions. Existing neurological symptoms due to Atlantoaxial Instability (AAI) are contraindications for mounted activity.

Please indicate current or past special needs in the following systems/areas.

	✓	<i>Comments</i>	✓
Orthopedic		Medical/Psychological	
Atlantoaxial Instability-include neurologic symptoms		Allergies	
Coxa Arthrosis		Physical/Sexual/Emotional Abuse	
Cranial Defects		Animal Abuse	
Heterotopic Ossification/Myositis Ossifications		Blood Pressure Control	
Joint Subluxation/dislocation		Dangerous to self or others	
Osteoporosis		Exacerbations of medical conditions	
Pathologic Fractures		Fire Setting	
Spinal Fusion/Fixation		Heart Conditions	
Spinal Instability/Abnormalities		Suicidal Ideations	
Precautions due to joint replacement		Hemophilia	
Neurologic		Medical Instability	
Hydrocephalus/Shunt		Migraines	
Uncontrolled Seizures		PVD	
Spina Bifida		Respiratory Compromise	
Chiari II Malformation/Tethered Cord/Hydromelia		Recent Surgeries	
Other		Substance Abuse	
Age - less than 24 months		Thought Control Disorders	
Indwelling Catheters/Medical Equipment		Weight Control Disorders	
Medications			
Poor Endurance			
Skin Breakdown			

Comments: _____

SUPPLEMENTAL: This diagnoses section is used for individuals seeking insurance reimbursement.

Diagnoses	ICD 10 Codes	Check All Present
Lack of Coordination, Ataxia	R27.0	
Disturbance of emotion	F43.0	
Adjustment disorder with anxiety and depressed mood	F43.23	
Reactive attachment disorder, 0-17 years	F94.1	
Osteoarthritis	M15.0	
Autism spectrum disorder	F84.0	
Attention deficit disorder with hyperactivity	F90.1	
Attention deficit disorder/inattentive type	F90.0	
Legal Blindness	H54.8	
Bipolar disorder, unspecified	F31.9	
Low vision, both eyes	H54.2	
Alcoholism	263.72	
Central auditory processing disorder	H93.25	
Substance abuse	263.79	
Explosive and borderline personality disorder	F60.3	
Schizophrenia	F20.9	
Cerebral palsy; spastic diplegia	G80.1	
Cerebral palsy; spastic hemiplegia	G80.2	
Cerebral palsy; spastic quadriplegia	G80.0	
Cerebral palsy; monoplegia	G80.8	
Communication disorder; not otherwise specified	F80.9	
Developmental disorder of motor function	F82	
Developmental disorder of speech and language	F80.89	
Type II diabetes with neurological manifestations	E11.40	
Speech or developmental delay due to hearing loss	F80.4	
Expressive language disorder	F80.1	
Mild receptive and expressive language disorder	F80.2	
Down syndrome	Q90.9	
Conditions due to anomaly of unspecified chromosome	Q99.9	
Other symptoms involving central nervous system	R29.818	
Other symptoms involving musculoskeletal system	R29.898	
Anxiety disorder; unspecified	F41.9	
Disorder of muscle; unspecified	M62.9	
Intellectual disability; mild (MR)	F70	
Intellectual disability; moderate (MR)	F71	
Intellectual disability; Severe (MR)	F72	
Intellectual disability; profound (MR)	F73	
Muscular dystrophy	G71.0	
Other pervasive developmental disorders	F84.8	
Post-traumatic stress disorder, chronic	F43.12	
Asperger's	F84.5	
Tic disorder, NOS	F95.9	
Other:		

Check all that apply:

- I am prescribing Physical or Occupational Therapy evaluation & treatment using all treatment strategies available at Carlisle Academy Integrative Equine Therapy & Sports.**
- This patient is not medically precluded from participation in equine activities or therapy. I understand that Carlisle Academy will weigh the medical information with existing precautions and contraindications. Therefore, I refer this person to Carlisle Academy Integrative Equine Therapy & Sports for ongoing participation evaluation.**

Print Name/Title: _____ **MD DO NP PA Other:** _____

Signature: _____ **Date:** _____

Address: _____

Phone: () _____ **NPI Number:** _____

Thank you for your assistance. Please fax this to us at 207-985-7937. Note: Your patient will not be able to participate in our program without this documentation. Please call us at 207-985-0374 if you have any questions or concerns.