



CARLISLE ACADEMY

Dear Physician/Mental Health Clinician,
Your client, _____, DOB: _____ with a permanent address of _____ is interested in participating in Equine Assisted Learning and Farm-Based Wellness Programs. These are unmounted (non-riding) programs. All of The Academy's therapeutic programs and instructors are accredited and credentialed by the Professional Association of Therapeutic Horsemanship, Intl (PATH, Intl.).

Please List any medications and their potential side effects: _____

Please indicate any precautions or contraindications in the following systems/areas by checking the box.

Medical:	<input checked="" type="checkbox"/>	<i>Comments:</i>
Sensory (visual, auditory, tactile)		
Cardiac		
Circulatory/Blood Pressure Control		
Immunity		
Pulmonary /Respiratory Compromise		
Neurologic		
Muscular		
Balance		
Orthopedic		
Allergies		<i>Allergy triggers:</i>
Pain		
Migraines		
Recent Surgeries		
Mental Health Disorder		
Animal Abuse/Fire Setting		
Suicidal Ideation/Danger to self or others		

This patient is not medically precluded from participation in these programs. I understand that Carlisle Academy will weigh the medical information with existing precautions and contraindications.

Print Name/Title: _____

Professional Credentials: _____ Signature: _____

Date: _____

Address: _____

Phone: () _____

Thank you for your assistance.

Please email this to Sarah Armentrout at Sarmentrout@carlisleacademymaine.com. 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.