



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

Dear Physician,

Your patient, _____ DOB: _____, is interested in being cleared for participation in recreational riding, adaptive equestrian sports or para-equestrian sports at Carlisle Academy Integrative Equine Therapy & Sports. This could include arena work in walk, trot, canter, trail riding, jumping, equine preparation for the lesson, and competition (not all aspects apply). There are varying degrees of difficulty given the rider's physical/cognitive limitations, and Carlisle Academy maintains occupational and physical therapists and credentialed instructors to assess a participant's ability and proficiency. 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 one or all of the checked boxes, without restrictions.
- Recreational Riding
- Adaptive Equestrian Sports
- Para-Equestrian Sports

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

Physician Name: (printed) _____
Signature: _____ Date: _____
Address: _____
Phone: () _____ NPI Number: _____