CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

Dear Physician,

Your patient, ______________________________DOB:_____________, is interested in being cleared for participation in recreational riding or para-dressage sports at Carlisle Academy Integrative Equine Therapy & Sports. This could include arena work in walking, trotting, cantering, trail riding, jumping, equine preparation for the lesson, and competition (not all aspects apply). 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 180lb 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
□ Para-Dressage

By signing this, I believe that the above individual cannot participate.
□ At present the above individual is not medically cleared for riding.

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

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