

HorseSense

145 Easy Street
Howell, NJ 07731
732-910-7855

Medical Release:

If the rider has any Medical or Physical concerns that we should be aware of – Please list:

Diagnosis: _____

Medications: _____

Seizure Type: _____ Controlled: Yes or No Date of last seizure: _____

Special Precaution/Needs:

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assisted Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Results: + -

Neurologic Symptoms of Atlanto Axial Instability: _____

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that HorseSense LLC will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HorseSense Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other

Signature: _____ Date: _____

Address: _____

Phone: _____