Stepping Stones Therapeutic Riding, Inc.
PHYSICIAN'S REFERRAL

Date:_____
County:_____
Name: _____ Date of Birth:_____
Address:_____ Height:_____
Parent/Guardian:_____ Weight:_____

The Stepping Stones Therapeutic Riding, Inc. is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. The instructors are certified through the North American Riding for the Handicapped Association (NARHA). Safety equipment, specially trained horses, and volunteers are used in each program in order to ensure the fullest possible protection and greatest personal benefit from the program, every rider is required to furnish the following medical information before being accepted as a riding student.

Diagnosis:_____ Date of Onset:_____

If diagnosis is Down's Syndrome, this form must be accompanied by one of the following

1. Stepping Stones Therapeutic Riding, Inc. Down's Syndrome Rider Evaluation.
2. Michigan Special Olympics Down Syndrome Athlete Evaluation.
3. **A signed, dated statement from a qualified physician giving the date and result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition.**

<u>Note:</u> Because of the nature of the activity of horseback riding, no individual diagnosed as having Down's Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray or Atlanto-Axial Dislocation Condition.

Medical history:_____
_____
Surgical procedures:_____
Medications:_____

Defects present in: ( ) sight ( ) hearing ( ) speech ( ) mobility
( ) neurosensation ( ) muscle tone ( ) balance ( ) coordination

Are braces or other assistive devises used? ( ) no ( ) yes
Specify: ( ) crutches ( ) wheelchair ( ) other

Comment if applicable:
Seizures:_____
Incontinence:_____
General comments:_____

<u>In my opinion, the patient named can receive riding instruction under appropriate supervision.</u>

Physician's signature:_____ Date:_____
Address:_____ Phone:_____

Note: The Down's Syndrome form may be added to the back of this form if it is clearly so marked.