

**SPIRIT**  
OPEN EQUESTRIAN PROGRAM INC.

PO Box 710711, Herndon, VA 20171  
[www.spiritequestrian.org](http://www.spiritequestrian.org)  
spiritoep@spiritequestrian.org

## **SPIRIT Physician Statement & Medical Form**

Dear Health Care Provider:

Your patient is interested in participating in the Spirit Open Equestrian Program. To safely provide this service, we need your help. Please answer the questions below and sign this form to support our processes.

Thank you for your time.

Spirit Team

[www.spiritequestrian.org](http://www.spiritequestrian.org)

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**This form MUST be signed by a licensed physician**

### **General Information:**

Name of patient/participant of Equine Assisted Activity / Equine Assisted Psychotherapy/ Therapeutic Riding/ Hippotherapy or Equine Assisted Learning:

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Primary condition indicated for Equine Assisted Activities:

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Secondary and other conditions to be considered:

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Date of birth:

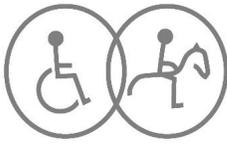
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Weight:

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Height:

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Possible contraindications: Your patient is interested in participating in supervised equestrian activities. To safely provide this service, our center requests that you complete/update this form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree:

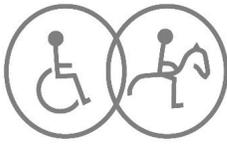
- Atlantoaxial instability
- Allergies
- Coxaarthrosis
- Cranial Deficits
- Physical/sexual/emotional abuse
- Heterotopic Ossification/Myositis
- Blood pressure control
- Joint subluxation/dislocation
- Dangerous to self or others
- Osteoporosis exacerbations of medical conditions
- Pathologic fractures
- Fire settings
- Spinal fusion/fixation
- Heart conditions
- Spinal instability/abnormalities
- Hemophilia
- Migraines
- Hydrocephalus/shunt PVD
- Seizure respiratory compromise
- Spina bifida/chiari II malformation
- Tethered cord
- Recent surgeries
- Hydromyelia substance abuse
- Thought control disorders
- Weight control disorder
- Age - usually under 4 years
- Indwelling catheters
- Medications, i.e. photosensitivity
- Poor endurance
- Skin breakdown
- Anger management
- None

Comments:

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Date of Onset:

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Past/prospective surgeries:

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Medications:

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Seizure type:

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Controlled?

- Yes
- No
- N/A

Date of last seizure?

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Shunt present?

- Yes
- No

Date of last revision:

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Special precautions, diets/needs:

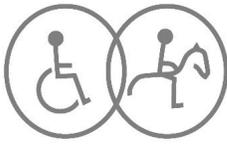
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Can s/he participate in mounted activities (Therapeutic Riding)?

- Yes
- No

May participate except for:

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Mobility:

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Independent Ambulation?

- Yes
- No

Wheelchair?

- Yes
- No

Braces/assistive devices:

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If patient has Down syndrome, can you provide x-rays for Neurological symptoms of atlanto-axial instability?

- Yes
- No
- N/A

Tetanus shot?

- Yes
- No

Date of Tetanus shot:

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Please indicate current or past difficulties in the following systems/areas, including surgeries:

- Auditory
- Visual
- Tactile sensation
- Speech
- Cardiac
- Circulatory
- Skin
- Immunity
- Pulmonary
- Neurological
- Muscular
- Balance
- Orthopedic



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- Allergies
- Learning disability
- Cognitive
- Emotional/psychological
- Pain
- Other: \_\_\_\_\_

To my knowledge, there is no reason why s/he cannot participate in supervised equestrian activities:

- Yes
- No

Expected benefits from Equine Assisted Activities:

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Signature:

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Name/Title:

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MD, DO, other:

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Date:

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License/UPIN number:

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Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact me as indicated below.

Cynda Zurfluh  
SPIRIT Open Equestrian Program  
703 424 8450  
[spiritoep@spiritequestrian.org](mailto:spiritoep@spiritequestrian.org)