

**PIKES PEAK THERAPEUTIC RIDING CENTER**

13620 Halleluiah Trail, Elbert, CO 80106 (719)495-3908  
fax (719)494-1689



**THERAPIST SUMMARY**

STUDENT \_\_\_\_\_ D.O.B \_\_\_\_\_

PARENTS/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK# \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Diagnosis:

Significant Medical History:

Current Findings or Concerns (include prosthetics, orthotics, etc.):

Precautions or Contraindications to exercise or physical therapy:

Recommendations:

In my opinion, this patient can receive horseback riding instruction under appropriate supervision.

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Signature

Date

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Name (please print or type)

Phone