



PIKES PEAK  
THERAPEUTIC  
RIDING CENTER

## Pikes Peak Therapeutic Riding Center

13620 Halleluiah Trail, Elbert, CO 80106

(719) 495-3908 fax (719) 494-1689

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

### Physician's Statement

Rider \_\_\_\_\_ DOB \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Diagnosis/Presenting Problem (REQUIRED):

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ OR \_\_\_\_\_ has not received; reason \_\_\_\_\_

In case of Down's Syndrome:

On examination of cervical spine X-rays including full flexion and full extension views, I find the above named person as:

Check one: \_\_\_\_\_ No evidence of Atlantoaxial instability \_\_\_\_\_ Positive or equivocal evidence of Atlantoaxial instability

In case of Spina Bifida: I find the above named person to have a tethered cord: \_\_\_ No \_\_\_ Yes. If yes, please describe:

\_\_\_\_\_

Current findings or concerns, Precautions or Contraindications (for a list of possible Precautions or Contraindications, please refer to the PPTRC Physician's Letter):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobility status:

Ambulatory:  yes  no Circle if patient uses: wheelchair walker crutches cane

Prosthetics/orthotics:  yes  no Describe: \_\_\_\_\_

\_\_\_\_\_

Other: Please give any other information that you feel is important \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*Physician's signature* *Date*

\_\_\_\_\_  
Name (please print or type) Phone #

\_\_\_\_\_  
Address

## Medical History

Please indicate if your patient had or has a history of any of the following conditions by checking yes or no. Please include relevant information pertaining to the problem.

**Patient name** \_\_\_\_\_ **Date** \_\_\_\_\_

<u>Condition</u>	<u>No</u>	<u>Yes,</u>	<u>please explain</u>
Allergies			
Auditory Impairment			
Learning Disability			
Mental Impairment			
Mental Impairment			
Psychological Impairment			
Speech Impairment			
Visual Impairment			
Diabetes			
Infectious Disease(s)			
Cardiac			
Circulatory			
PVD			
Postural Hypotension			
Hemophilia			
Pulmonary			
Asthma			
COPD			
Neurological			
Seizures/ type			
Last Seizure / /			
Hydrocephalus			
Shunt			
Sensory Loss			
Pain			
Muscular			
Contractures			
Skeletal			
Spinal Column Injury			
Subluxing Joints			
Dislocating Joints			
Laminectomy/fusion			
Scoliosis – Degree			
Type of brace/Last X-Ray			
Kyphosis/Lordosis			
Degree/Type			
Degree/Type			
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Arthritis			
Joint Disease			
Cranial Defects			
Head Injury			
Fractures			