



**Mounted Angels Therapeutic  
Horsemanship**  
10362 465<sup>th</sup> St. Pearl, IL 62361  
217-829-4409-home 217-257-5702 cell

*A Spirit  
Horse  
Member  
Center*

**Form for Returning Riders**

**To be completed by Physician or Health Care Provider**

Date: \_\_\_\_\_

Dear Health Care Provider,

Your patient, \_\_\_\_\_ (fill in rider's name)  
Has been participating in equine activities at Mounted Angels Therapeutic Riding and is due for an update of their medical status. Please review their previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses, hospitalization, changes in medication, treatment, weight, or behavior. Please indicate current height/weight. For your reference, potential precaution/contraindications are listed on the reverse.

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Updated Status:

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To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

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.

**Orthopedic**

Atlantoaxial Instability-including neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari 11 malformation/Tethered Cord/Hydromyelia

**Medical/Psychological**

Allergies  
Animal Abuse

Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to self or others  
Exacerbations of medical conditions (RA, MS...)  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

**Other**

Age-under 4 years  
Indwelling Catheters/Medical Equipment  
Medications-i.e. photosensitivity  
Poor Endurance  
Skin Breakdown