

C.H.U.M. Therapeutic Riding Inc. – Children and Horses United in Movement
Physician's Referral

Date _____

Name _____ Date of birth _____

Address _____ Height _____

Parent/Guardian _____ Weight _____

The C.H.U.M. Therapeutic Riding Inc. program is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. The instructor has been certified at Cheff Center for the Handicapped in Augusta, MI and through the North American Riding for the Handicapped Association. Safety helmets, equipment and 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 with a disability 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 documents:

1. Therapeutic Riding 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

Note: 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 for Atlanto-Axial Dislocation Condition.

Medical history _____

Surgical procedures _____

Medication _____

Deficits present in: Sight____ Hearing____ Speech____ Neuro-sensation____ Muscle tone____
Balance____ Coordination____ Mobility____

Are braces or other assistive devices used? No____ Yes____, specify: Crutches____ Wheelchair____

Other _____

Comment if applicable:

Seizures _____

Incontinence _____

General comments _____

In my opinion, the patient named can receive riding instruction under appropriate supervision.

Physician's signature _____

Address _____

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