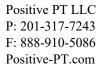




Physician's Medical Release for Hippotherapy

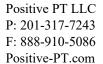
By providing this form to the participant's physician, I provide my consent for their disclosure of the information about the named participant required in this form to Positive PT LLC.

Participant's Information	1					
Participant's name: Today's Date:						
DOB: Ge	nder: M F					
Height: Weight	: Physician's ini	tials are required here				
*It is crucial that this inform	ation be truthful and accurate. P	roviding inaccurate information i	may jeopardize the safety of the			
participant and others.*						
Madical Cumman						
	Medical Summary					
	ry diagnosis:Cause if known:					
			Do. W.			
ij Down Synarome/AAI- i	result of yearly neurological ex					
Document surrained account						
	es or hospitalization:					
	dition:					
Date of last tetanus:						
C						
Current Medications	Dose:	For treatment of				
	Dose:					
	Dose:					
valle.	bose	For treatment or				
Cognitive Skills /n/osse	rata tha fallaccian abilla caina t	the coals are ideal.				
Cognitive Skills (please i	rate the following skills using t	the scale providea):				
(0) Not able to perform	(1) Beginning Skill	(2) Moderate Ability	(3) Mastered			
skill at this time	requires moderate	requires minimal	performs independently			
	assistance from others assistance from		perjornis macpenaently			
Alertness/Attenti	0.0					
Ability to follow 1	-step commands					
	nultiple-step commands					
	durance					
Visual ability						
Expressive Langua	age					
Language Compre	ehension					
Socialization skills						





A L !!!A!									
Abilities									
Assistive Aids (please check all that currently apply to the client, or note history in space provided): Orthotics/Splints/Prosthetics (specify type): Cervical collar/Abdominal binder/Other trunk supports (specify type):									
								Wheelchair/Walker/Crutches (specify type):	
								Other assistive aids:	
Physical Skills (please rate the following skills using the scale	e provided):								
0) Not able to perform (1) Beginning Skill	(2) <u>Moderate Ability</u> (3) <u>Mastered</u>								
	requires minimal assistance performs independently								
Head and neck control									
Unsupported sitting balance									
Unsupported standing balance									
Unsupported walking Upper extremity (arm) strength / movement Lower extremity (leg) strength / movement									
								Fine motor (hand/finger) strength / movement	
								Gross motor (whole body) coordination	
Arthritis (rheumatoid or osteo) Asthma									
Arthritis (rheumatoid or osteo) Asthma Atlanto-Axial Instability- positive X-ray or positive neu Behaviors Blood clots, deep vein thrombosis, peripheral vascula Body temperature regulation problems Bone abnormalities (osteoporosis, pathologic fracture Brain injury	urological exam or disease								
Arthritis (rheumatoid or osteo) Asthma Atlanto-Axial Instability- positive X-ray or positive neu Behaviors Blood clots, deep vein thrombosis, peripheral vascula Body temperature regulation problems Bone abnormalities (osteoporosis, pathologic fracture Brain injury Communicable Diseases	urological exam or disease								
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Arthritis (rheumatoid or osteo) Asthma Atlanto-Axial Instability- positive X-ray or positive neumatoid selection problems Blood clots, deep vein thrombosis, peripheral vascula model before the model before t	urological exam								





Physician's Statement: Given the above diagnosis and medial information, this person is not medically precluded from participation in hippotherapy during physical therapy sessions. I understand that Positive PT LLC will weigh the medical information against precautions and contraindications. Therefore, I refer this person to Positive PT LLC for ongoing evaluation to determine eligibility for participation.

Patient's name:		
Physician's name:		
Address:		
Phone number:		
Physician's signature: _		
injulation sugnature: _		
Date:		