

BRIGHT STAR RANCH, INC
Therapeutic Riding Center
981 Stubbs Vinson Road
Monroe, LA 71203
318-282-9908

PHYSICIAN ASSESSMENT & HEALTH HISTORY

To be completed by the Physician

Patient Name _____ Date _____

Address _____ City _____ State _____ Zip _____

DOB _____ Height _____ Weight _____ Date of Last Tetanus _____

Primary Diagnosis _____ Date of Onset _____

Secondary Diagnosis _____ Date of Onset _____

Other _____ Date of Onset _____

Past/Prospective Surgeries (Include dates and reasons) _____

Medications & Dosage _____

Seizures ___ No ___ Yes ___ Type _____ Date of Last Seizure _____

For those with Down Syndrome:

An annual complete neurologic exam to exclude Atlantoaxial instability is required for clients with Down syndrome over the age of 3.

Date of Exam: _____

The participant needs to have annual certification from a physician/qualified medical professional that the participants' physical examination reveals no signs of AAI or decrease in neurologic function in order to participate in any mounted activities.

PHYSICIAN ASSESSMENT & HEALTH HISTORY

BRIGHT STAR RANCH, INC

Therapeutic Riding Center

981 Stubbs Vinson Road

Monroe, LA 71203

318-282-9908

To be completed by the Physician

In order to safely provide this service, Bright Star Ranch requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms

Coxa

Arthrosis

Cranial

Deficits

Heterotopic Ossification/Myositis

Ossificans Joint

subluxation/dislocation

Osteoporosis

Pathologic

Fractures

Spinal Joint

Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizures

Spina Bifida/Chiari II

malformation/Tethered

Cord/Hydromyelia

Atlantoaxial Instability (AAI) (see next form)

Other

Indwelling Catheters/Medical

Equipment Medications – i.e.

photosensitivity

Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies

Animal

Abuse

Cardiac Condition

Physical/Sexual/Emotional

Abuse Blood Pressure Control

Dangerous to self or others

Exacerbations of medical conditions (i.e.

RA, MS) Fire Settings

Hemophilia

Medical

Instability

Migraines

PVD

Respiratory

Compromise Recent

Surgeries Substance

Abuse

Thought Control

Disorders Weight

Control

BRIGHT STAR RANCH, INC
Therapeutic Riding Center
 981 Stubbs Vinson Road
 Monroe, LA 71203
 318-282-9908

PHYSICIAN ASSESSMENT & HEALTH HISTORY

To be completed by the Physician

Patient Name: _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/Comments
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity/HIV			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that Bright Star Ranch Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to Bright Star Ranch for evaluation to determine eligibility for participation with ongoing treatment as described in Therapy Evaluation.

Date of Exam _____

Name/Title: _____ MD, DO, NP, PA Other _____ Signature: _____ Date: _____

Address: _____ Phone: _____ License _____

BRIGHT STAR RANCH, INC
Therapeutic Riding Center
981 Stubbs Vinson Road
Monroe, LA 71203
318-282-9908

Prescription for Physical Therapy

To be completed by the Physician

Client: _____

DOB: _____

Prescription for physical therapy to evaluate and treat.

Recommended frequency: 1x per week.

Precautions/Limitations:

Physician's

Signature: _____

Date: _____

Please print or stamp:

Physician's

name: _____

Address: _____

Phone: _____

For additional information, please contact our office:

Bright Star Ranch, Inc.
1416 Rowland Road
Monroe, LA 71203
318-282-9908