



Disability Resource Association
420 South Truman Blvd.
Crystal City, MO. 63019
Phone (636) 931-7696 Fax (636) 931-4863
DRA Healing With Horsepower Equine-Assisted Therapy

Date _____

Dear Health Care Provider:

Your patient _____ is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability-include neurologic symptoms

Coxa Arthrosis

Cranial Deficits

Heterotopic Ossification/Myositis

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II 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 (i.e.RA, MS)

Fire Settings

Hemophilia

Medical Instability

Migraines

PVD

Medical/Psychological Continued

**Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder**

Other

**Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown**

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact Disability Resource Association at (636) 931-7696 ext. 116

Sincerely,

**Patricia C. Rimkus
Independent Living Specialist/
Program Director DRA Healing With Horsepower
Equine-Assisted Therapy**

