

Medical History & Physician's Statement

Date: _____

Dear Health Care Provider:

Your patient, _____,
(participant's name)

is interested in participating in supervised equine activities with **Equine Assisted Therapy Alaska (EATA)**. In order to safely provide this service, our center requests that you complete this Medical History and Physician's Statement Form.

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

Diagnosis: _____

DOB: _____ Height: _____ Weight: _____ Gender: M F

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

Medications: _____

Seizures: Y N Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt: Y N Date of last revision: _____ Special precautions/needs: _____

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

Neurologic	(e.g., RA, MS)	Coxarthrosis
Hydrocephalus/Shunt	Fire Setting	Cranial Defects
Seizure	Hemophilia	Heterotopic Ossification/Myositis
Spina Bifida/Chiari II	Medical Instability	Ossificans
Malformation/Tethered	Migraines	Joint subluxation/dislocation
Coed/Hydromyelia	PVD	Osteoporosis
	Respiratory Compromise	Pathologic Fractures
Medical/Psychological	Recent Surgeries	Spinal Joint Fusion/Fixation
Allergies	Substance Abuse	
Animal Abuse	Thought Control Disorders	Other
Cardiac Condition	Weight Control Disorder	Indwelling Catheters/Medical Equipment
Physical/Sexual/Emotional Abuse		Medications - e.g., Photosensitivity
Blood Pressure Control	Orthopedic	Poor Endurance
Dangerous to Self or Others	Atlantoaxial Instability - include neurologic symptoms	Skin Breakdown
Exacerbations of Medical Conditions		Over 175 pounds (80 kg)



EQUINE ASSISTED THERAPY ALASKA



	Y	N	Comments
Balance			
Behavioral			
Bone/Joint			
Breathing			
Circulation			
Cognitive/Learning			
Communication			
Emotional/Psychological			
Hearing			
Heart			
Immunity/Allergies			
Muscular			
Speech/Language			
Tactile Sensation			
Vision			

GOALS (i.e., for participation?)

Given the above diagnosis and medical information, this person **IS / IS NOT** medically precluded from participation in equine-assisted activities and/or therapies. I understand that **Equine Assisted Therapy Alaska** will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other

Signature: _____ Date: _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____

Participant's Consent for Release of Information

I hereby authorize: _____,
(person or facility)

to release information from the records of: _____,
(participant's name)

DOB: _____

The information is to be released to Equine Assisted Therapy Alaska (EATA) for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (IHP)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Print Name: _____

Signature: _____ Date: _____

Relation to Participant: _____

Please send materials to:

Equine Assisted Therapy Alaska (EATA)

By mail:
ATTN: Programs
PO Box 240663
Anchorage, Alaska 99524-0663

By fax: 866-881-5009
In person:
William Clark Chamberlin
Equestrian Center (WCCEC)

3900 Abbott Road
Anchorage, Alaska 99507
Summer Only – Make sure
it's an EATA staff member