

**LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER**

P.O. Box 558  
WEST KENNEBUNK, ME 04094  
207-499-0080  
Fax # 207-499-2597

**PHYSICIAN'S REFERRAL**

NAME \_\_\_\_\_  
PARENT/ GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

LADAWN QUARTER HORSES THERAPEUTIC RIDING CENTER is a therapeutic riding program designed to benefit rider(s) physically, socially and emotionally. Safety Equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protection and greatest personal benefit from the program, each rider is required to furnish the following Medical Information before being accepted as a rider.

NOTE: BECAUSE OF THE NATURE OF THE ACTIVITY OF HORSEBACK RIDING, NO INDIVIDUAL DIAGNOSED WITH DOWN'S SYNDROME CAN BE ACCEPTED FOR RIDING INSTRUCTION WITHOUT PROOF OF A NEGATIVE DIAGNOSTIC X-RAY FOR ATLANTOAXIAL DISLOCATION DISORDER.

DISABILITY/DIAGNOSIS \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_  
\*\*\*\*\* DIAGNOSIS ICD-10 CODE: \_\_\_\_\_

IF DIAGNOSIS IS DOWN'S SYNDROME, THIS FORM MUST BE ACCOMPANIED BY ONE OF THE FOLLOWING:

- ^ SPECIAL OLYMPIC DOWN SYNDROME ATHLETIC EVALUATION
- ^ A SIGNED, DATED STATEMENT FROM A QUALIFIED PHYSICIAN GIVING THE DATE AND RESULT OF A DIAGNOSTIC X-RAY FOR ATLANTOAXIAL DISLOCATION CONDITION.

MEDICAL HISTORY: \_\_\_\_\_  
\_\_\_\_\_

SURGICAL PROCEDURES: \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ FOR: \_\_\_\_\_

DEFICITS PRESENT IN:

☐ SIGHT  
☐ HEARING  
☐ SPEECH

☐ NEURO-SENSATION  
☐ MUSCLE TONE  
☐ COORDINATION

☐ MOBILITY  
☐ BRACES IN USE  
☐ ASSISTIVE DEVICES IN USE

COMMENTS ON ABOVE:

COMMENT IF APPLICABLE:

SEIZURES: \_\_\_\_\_

INCONTINENCE: \_\_\_\_\_

AMBULATION TECHNIQUE \_\_\_\_\_

GENERAL COMMENTS \_\_\_\_\_

IN MY OPINION THE PATIENT NAMED CAN RECEIVE RIDING INSTRUCTION UNDER APPROPRIATE SUPERVISION. IN CONJUNCTION WITH THE RIDING PROGRAM, I CONCUR IN THE REFERRAL OF THE PATIENT TO THE STAFF OCCUPATIONAL THERAPIST FOR EVALUATION AND TREATMENT OF HIS/HER PHYSICAL ABILITIES AND/OR LIMITATIONS IN PERFORMING EXERCISES.

PRECAUTIONS OR CONTRAINDICATIONS TO OCCUPATIONAL THERAPY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S WRITTEN NAME: \_\_\_\_\_

PHYSICIAN'S NPI NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

**REFERRED TO: LADAWN THERAPEUTIC RIDING CTR.  
DONNA LARIVIERE MOT, OTR/L (OCCUPATIONAL THERAPIST)  
NPI# 1164691309**

## INFORMATION FOR PHYSICIAN

THE FOLLOWING CONDITIONS, IF PRESENT, MAY REPRESENT PRECAUTIONS OR CONTRAINDICATIONS TO THERAPEUTIC HORSEBACK RIDING. THEREFORE WHEN COMPLETING THIS FORM, PLEASE NOTE WHETHER THESE CONDITIONS ARE PRESENT AND TO WHAT DEGREE.

### ORTHOPEDIC

SPINAL FUSION  
SPINAL INSTABILITIES  
ATLANTOAXIAL INSTABILITIES  
SCOLIOSIS  
KYPHOSIS  
LORDOSIS  
HIP SUBLUXATION AND DISLOCATION  
OSTEOPOROSIS  
PATHOLOGIC FRACTURES  
COXAS ARTHROSIS  
HETEROTOPIC OSSIFICATION  
OSTEOGENESIS IMPERFECTA  
CRANIAL DEFECTS  
INTERNAL SPINAL STABILIZATION DEVICES

### NEUROLOGICAL

HYDROCEPHALUS/SHUNT  
SPINA BIFIDA  
TETHERED CORD  
CHIARI 11 MALFORMATION  
HYDROMYELIA  
PARALYSIS DUE TO SPINAL CORD INJURY  
SEIZURE DISORDERS

### MEDICAL/SURGICAL

ALLERGIES  
CANCER  
POOR ENDURANCE  
RECENT SURGERY  
DIABETES  
PERIPHERAL VASCULAR DISEASE  
VARICOSE VEINS  
HEMOPHILIA  
HYPERTENSION  
SERIOUS HEART CONDITIONS  
STROKE (CEREBROVASCULAR ACCIDENT)

### SECONDARY CONCERNS

BEHAVIOR PROBLEMS  
AGE UNDER TWO YEARS  
ACUTE EXACERBATION OF CHRONIC DISORDER  
INDWELLING CATHETER

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