NARHA
North American Riding for the Handicapped Association

EQUINE THERAPY ASSOCIATES

www.equinetherapyassociates.com
P.O. Box 59253 ■ Potomac, MD ■ 20859-9253 ■ USA
Phone: 301.972.7833 Fax: 301.972.7833
Emergency Phone: 301.651.6622

Date: _____

Dear Health Care Provider:

Your patient, _____
(participant's name)
has been participating in equine activities program at _____
(center)
and is due for an update of their medical status. Please review their previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medications, treatment, weight, or behavior. Please indicate current height/weight. For your reference, potential precautions/contraindications are listed on the reverse.

Diagnosis: _____

Height: _____ Weight: _____

Update Status: _____

_____

_____

_____

_____

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To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the NARHA center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: ( )_____ License/UPIN Number: _____