Free Rein Therapeutic Riding

PO Box 30893
Spokane, WA 99223
Phone: 509-979-1468
Fax: 509-381-4164
Email: info@FreeReinSpokane.org
Website: www.freereinspokane.org

Participant's Consent for Release of Information

I hereby authorize: _____
(Physician's Name and Facility)

to release information from the records of: _____ DOB: _____
(Participant's Name)

The information above is to be release to Free Rein Therapeutic Riding 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 (I.H.P.)

Classroom Individual Education Plan (I.E.P.)

Psychosocial evaluation, assessment and program plan

Cognitive-Behavioral Management Plan

Other: _____

This release is valid until revoked in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relationship to Participant: _____

Please mail materials to: Free Rein Therapeutic Riding
PO Box 30893
Spokane, WA 99223
Or fax to: 509-381-4164

Free Rein Therapeutic Riding

Date: _____

Dear Healthcare Provider,

Your patient _____
is interested in participating in supervised equine activities. In order to safely provide this service, our cent 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 neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification
Osteogenesis Imperfecta
Joint subluxation/dislocation
Osteoporosis
Pathological Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities
Internal Spinal Stabilization Devices
(such as Harrington Rods)
Scoliosis
Kyphosis
Lordosis

Neurological

Hydrocephalus/Shunt
Uncontrolled Seizure Disorders
Spina Bifida
Chiari II Malformation
Tethered Cord
Hydromyelia
Paralysis due to Spinal Cord Injury (above T-9)

Other

Age – under 4
Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown
Behavioral Problems

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 email us at info@freereinspokane.org, or call at 509-979-1468.

Sincerely,
Katie Smith
Program Director