

T.H.R.I.L.



Therapeutic Horse Riding In Lindsay

Physician Referral Update Form

To be completed and signed by the rider's physician.

Rider: _____ Health card#: _____

Have there been any changes in the past year in the following:

CHANGES OBSERVED IN THE PAST YEAR	YES	NO
GENERAL HEALTH		
MEDICATIONS		
NEUROLOGICAL STATUS		
PHYSICAL STATUS		
SURGICAL PROCEDURES		
RADIOGRAPHY OR SYMPTOMS OF ATLANTO-AXIAL INSTABILITY		

If YES to any of the above, please elaborate: _____

Allergies: Yes No If yes, do you carry an Epi-pen? _____

Does the rider experience seizures? Yes No

If yes, are they controlled by medication? Yes No

Date of last Tetanus Immunization: _____

Height: _____ Weight: _____ **The maximum weight of any rider must not exceed 180 lbs OR 81 kg.**

Is there any reason why this person should be precluded from a therapeutic riding program?

Physician's signature: _____ Date: _____

Physician's name (please print clearly): _____

Address: _____

Telephone: _____ Fax: _____

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Visit us at www.thril.ca

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A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

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