



Crossroads Center

Rena Cross, Executive Director 18252 Road 4 Liberal, Kansas 67901 620-629-5107

Annual Client Update / Health Provider

(every participant is required to submit an update every year)

Date: _____

Dear Health Care Provider:

Your patient, _____
(participant's name)

has been participating in equine activities program at *Crossroads 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:

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equine assisted activities. I understand that the center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Crossroads Center for ongoing evaluation to determine eligibility for participation.

Client may participate in therapeutic riding activities Yes No

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____

Please note that the following conditions listed on the back of this form may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

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.

Do not approve this client for riding if any of these conditions precludes the patient from equine assisted activities.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Abuse Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia
Paralysis due to Spinal Cord Injury

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

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 to contact the center at the address/phone indicated above.