RED Arena, Inc.
1601 Bell Springs Rd. Dripping Springs, TX 78620
1708 Centerpoint Rd. San Marcos, TX 78666
Office: 512.807.6505 REDarena.org Fax: 512.861.2355

Physician's Statement

Participant Name:_____ DOB:_____

Diagnosis: _____

_____

_____

Medications: _____

_____

_____

Type of Seizures (if any): _____

Ongoing referral for PT/OT once weekly x 12 months.

Surgery : _____ Date: _____
Surgery: _____ Date:_____
Surgery: _____ Date:_____

☐ Atlanto-Occipital stability has been confirmed by x-ray for patients with Down Syndrome.

I understand this patient would like to participate in equine assisted therapies and/or activities which involves being near and riding on horses. There are no restrictions or contraindications with regard to this patent's physical condition to limit participation in horseback riding with a licensed therapist or PATH certified instructor.
Concerns/precautions (if any): _____
_____
_____
_____

_____ _____
Physician's Signature Date

_____
Physician's Printed Name