



LoveWay, Inc. Equine Assisted Services
 54151 County Road 33 Middlebury IN 46540
 574-825-5666 Fax: 574-825-8117
 Email: programs@lovewayinc.org

PHYSICAL FORM FOR THE DOCTOR

Participant's Name _____ Participant's School _____

Address _____ City, State, Zip _____

Information below must be filled out by physician.

Date of Birth _____ Age _____ Height: _____ Weight: _____ Male () Female ()

Diagnosis/disability: _____

Current medical status/condition:

➤ **Date and type of seizures within the last 6 months:**

Precautions and physical limitations: _____

For those with Down syndrome: Annual exam for Neurologic Symptoms of Atlantoaxial Instability was completed on Date _____ Symptoms of AAI are: present absent

Horseback riding is an approved activity: Yes No

Current medications and the reason they are prescribed. Include over the counter medications. Please use an additional page as needed.

Additional Comments: _____

Doctor's Office Information & Signature

I understand that the above medical information will be used by LoveWay, Inc. as part of a comprehensive evaluation to determine the extent to which the person will participate in therapeutic horseback riding at LoveWay, Inc.

Printed Name _____ MD DO NP PA Other _____

Doctor's Signature _____ Date _____

License/UPIN Number _____

Office Address _____ City _____

Phone _____ Fax _____