



Timmins Therapeutic Riding Association

1625 Mahoney Road Timmins, Ontario, P4N 7C3
Phone:(705) 268-5994 Fax 705-268-6342 or
Email Lydia Dubanow: ldubanow@ntl.sympatico.ca

Physician's Referral

Fill in the following, print and send to Rainbow Stables:

Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Next of Kin/Guardian: _____

Living at Home: _____ Other: _____

Medical

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height: _____ Weight: _____ Sex: _____

Diabetic: _____ Insulin: _____ Epileptic: _____

If epileptic, frequency of seizures: _____

Date of last seizure: _____

Medications: _____

For: _____

Communicable disease: Yes No If yes, please specify: _____

Surgery _____ Dates: _____

Ambulatory: Yes No If yes, please specify: _____

(Please complete both sides of form)

Muscle Tone (spasticity, flaccidity, etc)

Tone in upper extremities: _____

Tone trunk: _____

Balance sitting: _____ Standing: _____ Walking: _____

Language: English: _____ Sign Language: _____ Other: _____

Speech: Good: _____ Fair: _____ Poor: _____

Ability to understand: Good _____ Fair: _____ Poor: _____

Sensory Function: Sight: _____ Hearing: _____ Tactile: _____

Continence: _____

Allergies: _____



I hereby give my permission for the above individual to participate in the riding/driving program at the Timmins Therapeutic Riding Association at Rainbow Stables.

Physician's Signature

Date:

Physician's Name (please print clearly)

Physician's Address (please print clearly)

Telephone: _____ Fax: _____

Note: it is important that this form be filled out in detail (e.g. height, weight, etc.) in order for the instructor and physiotherapist to match the rider with the horse.