



OCCUPATIONAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: _____ Date of Birth: _____ Age: _____

Pertinent Medical Information:

Contraindications and/or Orthopedic Concerns:

Assistive Devices (Splints, etc., and should they be worn when riding?):

If applicable, please briefly describe the client's current performance and any suggestions for activities to address while at HorsePower:

- Visual Perceptual and Visual Motor Abilities:

- Fine and Gross Motor Abilities (including motor planning):

- Response to Sensory Input (Proprioception, vestibular, tactile, etc.):

- Cognitive Abilities (Sequencing, short and long term memory, safety awareness, impulsiveness, etc.):

Other activities or suggestions that may be beneficial:

This release is valid for the period of (circle one): 1 year 2 years 3 years

Therapist's Signature: _____ **Date:** _____

Please print, type, or stamp:

Name: _____

Work Mailing Address: _____

Work Phone: (_____) _____ - _____ (Optional) Other Phone: (_____) _____ - _____

THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!



PHYSICAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: _____ Date of Birth: _____ Age: _____

Diagnosis: _____

Please indicate if the client has, or has a history of, the following problems by checking yes or no. If **YES**, please include **COMPLETE** information pertaining to the problem.

Problem	Yes	No	If Yes, or history of, please describe:
ROM Limitations	_____	_____	_____
Recent Surgeries	_____	_____	_____
Hip Dislocation/Scoliosis	_____	_____	_____
Behavior Concerns	_____	_____	_____

Special Equipment	Yes	No	Use when riding? (Yes or No)
Wheelchair	_____	_____	NA
Braces	_____	_____	_____
Walker/Crutches	_____	_____	NA
Eyeglasses	_____	_____	_____
Hearing Aide	_____	_____	_____
Other (Please describe)	_____	_____	_____

Suggested Exercises: _____

Suggested Mounting/Dismounting Procedures: _____

This release is valid for the period of (circle one): **1 year** **2 years** **3 years**

Therapist's Signature _____ **Date** _____

Please print, type, or stamp:

Name: _____

Work Mailing Address: _____

Work Phone: _____ (Optional) Other Phone: _____

THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!