



Timmins Therapeutic Riding Association

Equine Assisted Therapy for Health & Wellness

1625 Mahoney Road, Timmins ON P4R 0H5

Phone: 705-268-5994

www.ttra.ca

Serving our community since 1987



Physician's Referral –

Fill in the following, print and send to Rainbow Stables

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ (Cell): _____

Phone (Work): _____ (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: _____

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: _____ Standing: _____ Walking: _____

Language English: _____ Sign Language: _____ Other: _____

Speech: 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 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.