



40685 John Mosby Hwy
Aldie, VA 20105
Phone: 571.367.4555
www.sproutcenter.org

2024 Annual Update

Date: August 1, 2024

Dear Health Care Provider:

Your patient _____
(participant's name)

has been participating in supervised equine activities at *Sprout Therapeutic Riding and Education Center* and is due for an update of his/her medical status. Please address occurrences over the past year including surgeries, illnesses, hospitalizations, changes in medications, treatment, weight or behavior.

For your reference, potential precautions/contraindications to equine-assisted activities are listed on the reverse.

Diagnosis: _____

2023-2024 Illness/Injuries/Surgeries:

Current Medications:

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that Sprout will weigh the medical information given against the existing precautions and contraindications.

Therefore, I refer this person to Sprout for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____ Email: _____

Phone: _____ License/UPIN Number: _____



Dedicated to providing equine assisted activities and therapies

A 501(c)3 Non-Profit Organization
Tax ID: 27-3045516



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In order to safely provide equine-assisted activities and therapies, our center requests that you update your client's Medical Release Forms. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered
Cord/Hydromyelia

Other

Age – Under 4 years
Indwelling Catheters/Medical Equipment
Medications – e.g. Photosensitivity

Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (e.g. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migranes
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact the center at info@sproutcenter.org or (571) 367-4555.

Please use the following information to return this form:

Mailing: Sprout Center, P.O. Box 8, Aldie, VA 20105
Fax: (571) 668-4470
E-Mail: office@sproutcenter.org



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