

Gaitway Therapy

PHYSICIAN AUTHORIZATION

NAME (participant) _____ Birth Date _____

PARENT _____ PHONE _____

ADDRESS _____

DIAGNOSIS _____

MEDICAL HISTORY :

Visual Deficit _____ Auditory Deficit _____

Speech/Language Dysfunction _____ Orthotics _____

Sensory Deficit _____ Balance Problem _____

Hypertonicity _____ Hypotonicity _____

Incontinence _____ Ventroperitoneal Shunt _____

G-Tube _____ J-Tube _____

Muscle tendon releases _____ Joint surgery _____

Medications _____

BoTox _____ Hyperbaric O2 _____

OTHER:

In my opinion, this person can participate in hippotherapy which is a form of equine assisted therapy with the goals of improving balance, posture and function. In conjunction with the hippotherapy program, a physical therapist may evaluate physical abilities or disabilities and plan appropriate sessions complete with equipment and supports.

PHYSICIAN NAME _____

PHYSICIAN SIGNATURE _____ DATE _____

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