

REINS OF HOPE AT LE BOCAGE

Date:	
Dear Health Care Provider:	
Your patient,, is interactivities.	rested in participating in supervised equine
In order to safely provide this service, our center requestistory and Physician's Statement Form. Please note precautions and contraindications to equine activities, whether these conditions are present, and to what degrees the safety of th	that the following conditions may suggest Therefore, when completing this form, please note
Orthopedic	Medical/Psychological
Atlantoaxial Instability (include neurologic symptotic Coxarthrosis Cranial Defects Heterotopic Ossification/Myositis Ossificans Joint subluxation/dislocation Osteorporosis Pathologic Fractures Spinal Joint Fusion/Fixation Spinal Joint Instability/Abnormalities Neurologic Hydrocephalus/Shunt Seizure Spina Bifada/Chiari II Malformation/Tethered Coed/Hydromyelia Other	Abuse Cardiac Condition Physical/Sexual/Emotional Abuse Blood Pressure Control Dangerous to Self or Others Exacerbations of Medical Conditions (e.g., RA, MS) Fire Setting Hemophilia Medical Instability Migraines PVD Respiratory Compromise Recent Surgeries Substance Abuse Thought Control Disorders Weight Control Disorders
Age – Under 5 Years Indwelling Catheters/Medical Equipment Medications (e.g., Photosensitivity) Poor Endurance Skin Breakdown	

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Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-related activities, please feel free to contact The Stables at Le Bocage by writing to:
Reins of Hope at Le Bocage Attn: Jeanne Dennis 625 Esplanade Street Lake Charles, LA 70607
or by calling us at 337-905-5867, and selecting 4 for the employee directory and extension 5 for Jeanne Dennis. You may also email us at info@lebocagestables.com .
Sincerely,
REINS OF HOPE AT LE BOCAGE a PATH International Member
JEANNE DENNIS, Director
Enclosures