



## The Equestrian Therapy Program

### Physical Therapy Assessment

<b>Name:</b>	<b>Age:</b>	<b>Date:</b>
<b>Disability:</b>		
<b>School/Occupation:</b>		
<b>Evaluation Summary:</b>		
<b>Suggested Mounting Procedure:</b>		
<b>Suggested Exercises:</b>		
<b>Precautions and/or Contraindications:</b>		

Signed: \_\_\_\_\_, RPT Date: \_\_\_\_\_