**Texas Tech Therapeutic Riding Center**

*“Creating a Brighter Future Together”*

Box 42141

Lubbock, TX 79409-2141

FAX (806) 784-0338

Phone (806) 792-4683

**PRESCRIPTIONS**

⬜Occupational Therapy Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Physical Therapy DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜Speech Therapy

**Diagnosis:** (check all that apply)

⬜Autism (229.0) ⬜Elbow Contracture (718.42) ⬜Infantile Cerebral Palsy (343.9)

⬜Apraxia (784.69) ⬜Encephalopathy, unsp. (348.3) ⬜Language (Expressive) (315.31)

⬜Cerebral Palsy: Diplegia (344.1) ⬜FTT (783.4) ⬜Language (Receptive/Exp)(315.32)

⬜Cerebral Palsy: Hemiplegia (342.9) ⬜Feeding to 12 mo. (783.3) ⬜Pervasive Dev. Disorder (299.8)

⬜Cerebral Palsy: Quadriplegia (344.0) ⬜Foot Contracture (718.47) ⬜Myelomeningocele (741.93)

⬜Club Foot (736.79) ⬜Gait Abnormality (781.2) ⬜Speech (315.39)

⬜Dev. Coordination Disorder (315.4) ⬜Hand Contracture (718.44) ⬜Seizure Disorder (780.3)

⬜Developmental Delay: GM/FM (783.42) ⬜Hypotonia (728.9) ⬜Torticollis, unsp. (723.5)

⬜Down’s Syndrome (758.0) ⬜Knee Contracture (718.46) ⬜Wrist Contracture (718.43)

⬜Dyspraxia/Coord. Disorder (781.3) ⬜Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request:**

⬜Evaluation ⬜Treatment

⬜Specify request for :

**Duration (52 weeks) and Frequency:**

⬜1 X weekly ⬜2X weekly

⬜3 X weekly ⬜Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals:**

⬜Increase GM/FM ⬜Increase Level of Developmental Function ⬜Increase Articulation

⬜Increase ROM ⬜Increase Normal Tone/Posture ⬜Increase Auditory Comprehension

⬜Increase Strength ⬜Increase ADL Skills ⬜Increase Expressive Comm.

⬜Increase Endurance ⬜Increase Perception ⬜Increase Pragmatics

⬜Increase Balance ⬜Increase Conceptual Skills ⬜Increase Oral-Motor Skills

⬜Increase Gait/Mobility ⬜Increase Sensory Integration ⬜Increase PO Intake

⬜Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific instructions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please sign prescription and return to :***

**Texas Tech Therapeutic Riding Center**

**Box 42141**

**Lubbock, TX 79409**

**Fax (806) 784-0338 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**