**TEXAS TECH UNIVERSITY**

**Texas Tech Therapy Services**

Box 42141

Lubbock, TX 79409

Phone: (806) 792-4683

Fax: (806) 784-0338

**PRESCRIPTIONS**

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

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

⬜Speech Therapy

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

⬜Autism (F84.0) ⬜Elbow Contracture (M24.529) ⬜Infantile Cerebral Palsy (G80.9)

⬜Apraxia (R48.2) ⬜Encephalopathy, unsp. (G93.4) ⬜Language (Expressive) (F80.1)

⬜Cerebral Palsy: Diplegia (G82.20) ⬜Failure to Thrive (R62.51) ⬜Language (Receptive/Exp)(F80.2)

⬜Cerebral Palsy: Hemiplegia (G81.90) ⬜Feeding to 12 mo. (R63.3) ⬜Pervasive Dev. Disorder (F84.8)

⬜Cerebral Palsy: Quadriplegia (G82.0) ⬜Foot Contracture (M24.576) ⬜Myelomeningocele (Q05.07)

⬜Club Foot (M21.6X9) ⬜Gait Abnormality (R26.9) ⬜Speech (F80.0)

⬜Dev. Coordination Disorder (F82) ⬜Hand Contracture (M24.549) ⬜Seizure Disorder (R56.9)

⬜Developmental Delay: GM/FM (R62.0) ⬜Hypotonia (M62.9) ⬜Torticollis, unsp. (M43.6)

⬜Down’s Syndrome (Q90.9) ⬜Knee Contracture (M24.569) ⬜Wrist Contracture (M24.539)

⬜Dyspraxia/Coord. Disorder (R27.8) ⬜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) 792-4683 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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