

## PHYSICIAN'S PRESCRIPTION

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Diagnosis:

Date of Onset \_\_\_\_\_

Please check one of the following. If more than one diagnosis applies, please number in order of importance:

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|---|--|
| <input type="checkbox"/> Apraxia/ Dyspraxia (728.9)                           | <input type="checkbox"/> Feeding Disorder Infancy/Early Childhood (307.59) |
| <input type="checkbox"/> Attention Deficit Disorder/ combined type (314.01)   | <input type="checkbox"/> Hyperkinesis with Developmental Delay (314.1)     |
| <input type="checkbox"/> Attention Deficit Disorder/ hyperactivity (315.8)    | <input type="checkbox"/> Hypotonia (728.9)                                 |
| <input type="checkbox"/> Attention Deficit Disorder/ inattentive type(314.00) | <input type="checkbox"/> Infantile Cerebral Palsy (343.9)                  |
| <input type="checkbox"/> Cerebellar Ataxia (334.3)                            | <input type="checkbox"/> Infantile Spinal Muscular Atrophy (335.0)         |
| <input type="checkbox"/> Cerebral Palsy: Spastic Diplegia ((343.0)            | <input type="checkbox"/> Lack of Coordination (781.3)                      |
| <input type="checkbox"/> Cerebral Palsy: Spastic Hemiplegia (343.1)           | <input type="checkbox"/> Mixed Developmental Disorder (315.8)              |
| <input type="checkbox"/> Cerebral Palsy: Spastic Quadriplegia (343.2)         | <input type="checkbox"/> Mixed receptive – expressive disorder (315.32)    |
| <input type="checkbox"/> Closed Head Injury (854.0)                           | <input type="checkbox"/> Myelomeningocele lumbar region (741.93)           |
| <input type="checkbox"/> Communication Disorder NOS (307.9)                   | <input type="checkbox"/> Obsessive Compulsive Disorder (300.3)             |
| <input type="checkbox"/> Coordination Disorder (781.3)                        | <input type="checkbox"/> Oppositional Defiant Disorder (313.81)            |
| <input type="checkbox"/> Developmental Coordination Disorder (315.4)          | <input type="checkbox"/> Other Specified Delays in Development (315.8)     |
| <input type="checkbox"/> Developmental Disorder (315.9)                       | <input type="checkbox"/> Pervasive Developmental Disorder NOS (299.80)     |
| <input type="checkbox"/> Down's Syndrome (758.0)                              | <input type="checkbox"/> Tic Disorder NOS (307.20)                         |
| <input type="checkbox"/> Expressive Language Disorder (315.31)                | <input type="checkbox"/> OTHER (name & ICD code)_____                      |

### CONTRAINDICATIONS/ PRECAUTIONS

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Occupational Therapy is prescribed for evaluation and 26 treatment sessions for the following:

- Activities of Daily Living(compensatory strategies/environmental modification/adaptation/life-management skills)
- Cognitive Activities
- Fine Motor Coordination
- Gross Motor Coordination
- Neurodevelopmental Facilitation
- Neuromuscular Reeducation
- Perceptual Activities
- Sensory Integration Activities
- Therapeutic Activities/ Therapeutic Exercise/ Therapeutic Procedures
- Visual Motor Training

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ UPIN \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## Precautions and Contraindications for Occupational Therapy utilizing Hippotherapy

Please note that the following conditions in the table below may suggest precautions and contraindications to therapy using a horse. Therefore, please circle any conditions that are present and to what degree:

<p><b>ORTHOPEDIC</b>            Atlantoaxial Instability (include neurologic symptoms)            Coxa Arthrosis            Cranial Deficits            Heterotopic Ossification/ Myositis Ossificans            Joint subluxation/ dislocation            Osteoporosis            Pathologic Fractures            Spinal Fusion/ Fixation            Spinal Instability/ Abnormalities</p>	<p><b>MEDICAL/ PSYCHOLOGICAL</b>            Allergies            Animal Abuse            Physical/Sexual/Emotional Abuse            Blood Pressure Control            Dangerous to self or others            Exacerbations of medical conditions            Fire Setting            Heart Conditions            Hemophilia            Medical Instability            Migraines            PVD            Respiratory Compromise            Recent Surgeries            Substance Abuse            Thought Control Disorders            Weight Control Disorders</p>
<p><b>NEUROLOGIC</b>            Hydrocephalus/ Shunt            Seizure            Spina Bifida/ Chiari II Malformation            Tethered Cord/ Hydromyelia</p>	<p><b>OTHER</b>            Age – under 3 years            Indwelling Catheters            Medications – (i.e. photosensitivity)            Poor Endurance            Skin Breakdown</p>

Comments:

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