PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

LifeStriders
Therapeutic Riding Center

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Waukesha, WI 53188

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Physician's Order for Occupational Therapy/Individual Counseling/Group Therapy
(Must Be Signed by Pediatrician or Treating Medical Specialist)

Participant:_____ has been deemed eligible for:

_____Occupational therapy services based on evaluation

_____Individual Counseling and/or Group Therapy services based on evaluation

Participants Name: _____ Birthdate: _____

Parent/Guardian _____

Address: _____ Phone: _____

Physician: Please complete the items below. The form may be returned to your client, or to LifeStriders via fax or email. If clinics own prescription form is required, please be sure to include it in the returned packet. Thank you!

_____ Please provide Occupational Therapy services as needed
_____Please provide Individual Counseling/Group Therapy services as needed

Medical Diagnosis/Description of Disability:_____
_____

Precautions/Contraindications:_____
_____

Additional Comments:_____
_____

This referral form will be valid for **1 year**, unless services are terminated, there is a change in the above mentioned participants medical status, or an updated order is necessary.

Physician's Name: _____

Phone: _____

Address: _____

Physician's Signature: _____ Date: _____