



Patient Name: _____

Phone _____ DOB _____

Diagnosis: _____

ICD-9 _____

EVALUATE AND TREAT APPROPRIATELY

Special Programs

- ASTYM™ System
- Back School Program
 - Lumbar Function and Stabilization
 - Postural/Scoliosis
 - Theraball
- Manual Therapy
- Pre-Work Hardening/Conditioning

Services

- Contrast Bath
- Gait and Balance Training
- Iontophoresis
- Joint Mobilization/Manipulation
- Massage
- Myofascial Release
- Neuromuscular Re-ed
- Phonophoresis
- Strain/Counterstrain
- Therapeutic Exercise
- Trigger Point Release
- Whirlpool Bath
- Other _____

Treat _____ times per week for _____ weeks
In making this referral, physician certifies that prescribed rehabilitation is medically necessary.

Physician Signature _____

Physician Name _____

Date _____

(REQUIRED BY MEDICARE)

Thank you for this referral

YAKIMA PT

Formerly Medical Center
Physical Therapy

Robb Jacobs PT, DPT,
Director

Steve Dale PT
Michele Ahlbrecht PT

TEL: 509-453-3103

FAX: 509-453-2057

SELAH PT

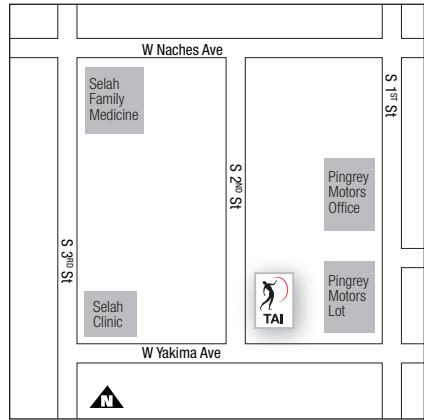
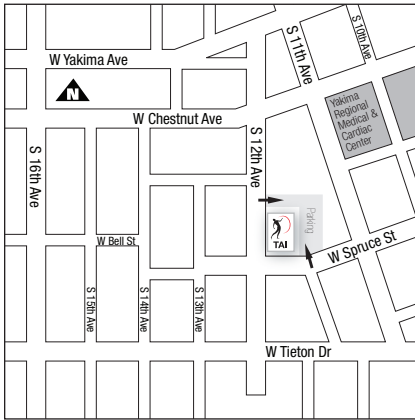
Robb Jacobs PT, DPT,
Director

Steve Dale PT
Michele Ahlbrecht PT

TEL: 509-697-9109

FAX: 509-697-9122

Physician's Notes:



YAKIMA PHYSICAL THERAPY

Formerly Medical Center Physical Therapy

Robb Jacobs PT, DPT, *Director*
307 S 12TH Ave, Ste 5
Yakima, WA 98902
yakima@taiweb.com

TEL
509-453-3103

FAX
509-453-2057

SELAH PHYSICAL THERAPY

Robb Jacobs PT, DPT, *Director*
117 S 2ND St
Selah, WA 98942
selah@taiweb.com

TEL
509-697-9109

FAX
509-697-9122

OBTAINING ON-LINE REGISTRATION FORMS

Visit: www.therapeuticassociates.com

Steps From Homepage:

- Treatment
- Patients
- Patient Forms

CAUTION: Do Not Minimize Screen While Printing! (no “fit to page” or page scaling)

PLEASE NOTE: There are 5 pages to print and only the 1st page can be filled out on screen

Providers for:

Crime Victims Compensation Act, Department of Social and Health Services (DSHS), First Choice Health, Great West/One Health Plan, Medicare, Molina, Non MCO Workers' Compensation, Office of Workers' Compensation Programs (OWCP), PIP/Auto, Premera Blue Cross (Blue Cross of WA), Railroad Medicare, Regence Blue Shield of WA, Uniform Medical Plan, Washington Labor & Industry Works Compensation (WA L&I).

*Provider status for other health plans may vary per office.
Please phone clinic to verify insurance coverage.*