



Patient Name: _____

Patient Phone: _____ Date of Birth: _____

Diagnosis: _____ Next MD Visit: _____

REQUEST FOR PHYSICAL THERAPY

Frequency (days per week)

Duration (# of weeks)

Precautions/Contraindications

Comments/Special Orders

EVALUATE AND TREAT AS APPROPRIATE

STANDARD SERVICES INCLUDE *(Offered at all clinics.)*

- | | | |
|--|---|---|
| <input type="radio"/> Acute Low Back Pain | <input type="radio"/> Fibromyalgia Program | <input type="radio"/> Spine Rehabilitation |
| <input type="radio"/> Astym® Soft Tissue Treatment | <input type="radio"/> Motor Vehicle Accident | <input type="radio"/> Strength & Conditioning Therapy |
| <input type="radio"/> Balance & Fall Prevention | <input type="radio"/> Pre & Post Op Rehab | <input type="radio"/> TMJ/TMD Rehabilitation |
| <input type="radio"/> Biomechanical Evaluation | <input type="radio"/> Selective Functional Movement Assessment (SFMA) | <input type="radio"/> Worker's Comp |
| <input type="radio"/> Chronic Pain | <input type="radio"/> Spinal Manipulation | <input type="radio"/> Workstation Assessment |

SPECIALTY SERVICES INCLUDE *(Offered at select clinics.)* E = East Salem | K = Keizer | S = South Salem | SE = Southeast Salem | W = West Salem

- | | | |
|--|---|---|
| <input type="radio"/> Custom Made Orthotics (S) | <input type="radio"/> Lymphedema Management (W, SE) | <input type="radio"/> Pelvic Floor Health (W) |
| <input type="radio"/> Functional Capacity/Work Capacity Evaluation (K) | <input type="radio"/> Massage Therapy (S) | <input type="radio"/> Vestibular Rehabilitation (K) |
| | <input type="radio"/> Pediatrics (SE) | |

In making this referral, physician certifies that prescribed rehabilitation is medically necessary.

Physician Signature: _____

Physician Name: _____

Physician Phone: _____ Date: _____

(REQUIRED BY MEDICARE)

CLINIC LOCATIONS & PATIENT INSTRUCTIONS ON BACK



SALEM / KEIZER

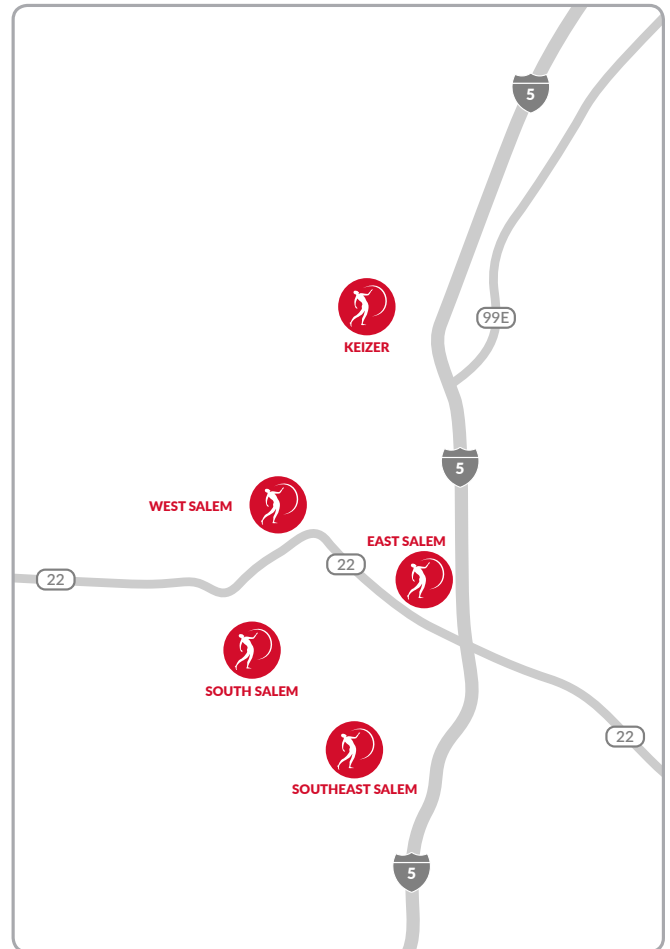
- **KEIZER** (503) 463-4221
Ashleigh Young PT, DPT
Clinic Director
5955 Shoreview Lane, Ste 100
Keizer, OR 97303
F: (503) 463-4522

- **SOUTH SALEM** (503) 585-4824
Jeff Blanchard PT, MS
Clinic Director
2925 River Road S, Ste 200
Salem, OR 97302
F: (503) 370-2545

- **EAST SALEM** (503) 378-7434
Cody Lommen PT, DPT
Clinic Director
3400 State Street
Salem, OR 97301
F: (503) 362-2703

- **WEST SALEM** (503) 363-6770
Gina Paine PT, DPT
Clinic Director
515 Taggart Drive NW, Ste 150
Salem, OR 97304
F: (503) 363-4789

- **SOUTHEAST SALEM** (503) 391-8729
Camas Weraky PT, DPT
Clinic Manager
4677 Commercial St. SE
Salem, OR 97302
F: (503) 588-8629



For additional locations outside the Salem/Keizer region, visit:
www.therapeuticassociates.com/Locations

PATIENT INSTRUCTIONS

Please contact your preferred location to schedule your physical therapy visit. To prepare you for your upcoming visit with us, we encourage you to visit our New Patient webpage, where you can find information on the following:

- New patient forms
- What to expect & what to wear
- Insurance & billing
- Shared decision making

www.therapeuticassociates.com/Welcome