



Patient Name: _____

Patient Phone: _____

Diagnosis: _____

Date of Birth: _____ Follow-Up Date: _____

REQUEST FOR PHYSICAL THERAPY

EVALUATE AND TREAT AS APPROPRIATE

Treatment Frequency (*days per week*): _____

Treatment Duration (*# of weeks*): _____

Precautions/Contraindications:

Comments/Special Orders:

PROGRAMS & SERVICES

- ASTYM™ Treatment
- Injury Prevention
- Joint Mobilization
- Low Back Pain Revolution
- Manual Therapy
- Massage/Soft Tissue Mobilization
- Patient Education
- Postural Restoration Techniques
- Running/Walking Analysis
- Strength & Conditioning
- Therapeutic Exercise
- TMJ & Headache Treatment
- Women's Health
- Workers' Comp Rehabilitation

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

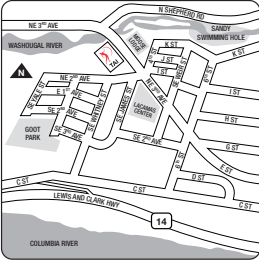
Provider Signature: _____

Provider Name: _____

Provider Phone: _____ Date: _____

(REQUIRED BY MEDICARE)

CLINIC LOCATIONS & PATIENT INSTRUCTIONS ON BACK



CAMAS

Lindsay Palisca PT, DPT
Clinic Director

3180 NE 3rd Ave. | Camas, WA 98607

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FAX: 360-335-9035

EMAIL: camas@taipt.com



HAZEL DELL

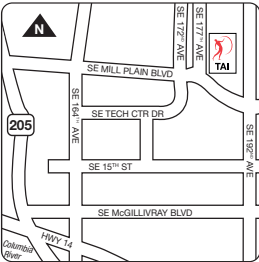
Ryne Supplitt PT, DPT
Clinic Director

318 NE 99th St, Ste B | Vancouver, WA 98665

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VANCOUVER

Belen Vala-Haynes PT, DPT, OCS
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We also serve the greater Portland Metro area. For location details, visit:
www.therapeuticassociates.com/Portland

CALL TO SCHEDULE APPOINTMENT

Please contact your preferred location to schedule your physical therapy appointment.

****Please arrive 15 minutes early to complete all new patient paperwork.****

NEW PATIENT FORMS

Our new patient registration forms are now available online. These forms can be printed off and completed prior to arriving to your first visit:

www.therapeuticassociates.com

INSURANCE & BILLING

We are preferred providers for **most** insurance plans, however plan eligibility may vary.

As a courtesy to you, we are happy to verify physical therapy benefits prior to scheduling your first visit.