



PATIENT INFORMATION	
Patient Name	Patient Phone
Diagnosis	
Date of Birth	Follow-Up Date

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.)*

- Balance & Fall Prevention
- Biomechanical Evaluation
- Motor Vehicle Accident
- Orthopedic Pediatrics
- Pre & Post Op Rehab
- Soft Tissue Mobilization
- Spine Rehabilitation
- Strength & Conditioning Therapy
- Temporomandibular Dysfunction
- Vestibular Rehabilitation
- Worker's Comp

**SPECIALTY SERVICES INCLUDE** *(Offered at select clinics. See reverse for clinic key.)*

- AlterG Anti-Gravity Treadmill (BND)
- Augmented Soft Tissue Mobilization (ACB, BND, LAP, RDM, SIS, SRV)
- Aquatic Therapy (ACB, LAP, SIS, SRV)
- Clogged Milk Duct (ACB, RDM)
- CycleFit (BND)
- F.O.R.C.E. Lab (BND)
- Functional Breathing (ACB)
- Golf Rehabilitation & Fitness (ACB)
- Hand Therapy (BND, RDM)
- Oncology Rehab / Post Mastectomy (ACB, RDM)
- Pelvic Health (ACB, LAP, RDM, SRV)
- Therapeutic Yoga (ACB)
- Vestibular/Concussion Rehab (ACB, BND, LAP, RDM, SIS, SRV)
- Workstation Assessment (ACB, BND, RDM, SIS)

**Electronic Referrals – Need help connecting your system with ours?**

We can help! Please send your inquiry to [interoperability@taipt.com](mailto:interoperability@taipt.com) and a member of our IT Team will assist you.

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

Provider Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

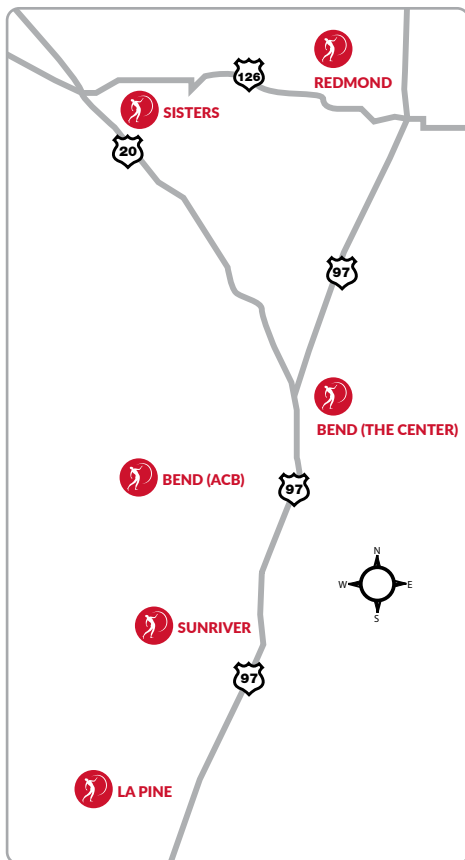
Provider Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(REQUIRED BY MEDICARE)



## CENTRAL OREGON

- **ATHLETIC CLUB OF BEND (ACB)** ..... **541-382-7890**  
Laura Cooper PT, DPT  
*Clinic Director*  
61615 Athletic Club Dr.  
Bend, OR 97702  
F: 541-382-7498
- **BEND (BND)** ..... **541-388-7738**  
Chuck Brockman PT, MPT  
*Clinic Director*  
2200 NE Neff Rd, Suite 202  
Bend, OR 97701  
F: 541-312-0121
- **LA PINE (LAP)** ..... **541-536-6122**  
Chris Glover PT, MPT  
*Practice Manager*  
51681 Huntington Rd.  
La Pine, OR 97739  
F: 541-536-6123
- **REDMOND (RDM)** ..... **541-923-7494**  
Eric Couglin PT, MSPT  
*Clinic Director*  
413 NW Larch Ave, Suite 102  
Redmond, OR 97756  
F: 541-504-9153
- **SISTERS (SIS)** ..... **541-549-3574**  
Matt Kirchoff PT, DPT  
*Clinic Director*  
1011 Desperado Trail, Suite 201  
Sisters, OR 97759  
F: 541-549-1092
- **SUNRIVER (SRV)** ..... **541-593-8535**  
Chris Glover PT, MPT  
*Practice Manager*  
56881 Enterprise Dr.  
Sunriver, OR 97707  
F: 541-593-0316



For additional locations outside the Central Oregon region, visit:  
[www.therapeuticassociates.com/Locations](http://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:

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

[www.therapeuticassociates.com/Welcome](http://www.therapeuticassociates.com/Welcome)