



Patient Name: _____

Patient Phone: _____

Diagnosis: _____

Date of Birth: _____ Follow-Up Visit: _____

REQUEST FOR PHYSICAL THERAPY

EVALUATE AND TREAT AS APPROPRIATE

Treatment Frequency
(days per week): _____

Treatment Duration
(# of weeks): _____

Precautions/Contraindications:

Comments/Special Orders:

SPECIALIZED PROGRAMS

- Acute Low Back Pain
- Astym®
- LSVT BIG®
- MVA Rehabilitation
- Pelvic Health
- Pre & Post-Operative Rehabilitation
- Sports Rehabilitation
- TMJ/TMD & Headache Treatment
- Vestibular & Balance
- Workers' Compensation Rehabilitation
- Youth Orthopedic PT

Electronic Referrals – Need help connecting your system with ours?

We can help! Please send your inquiry to 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.

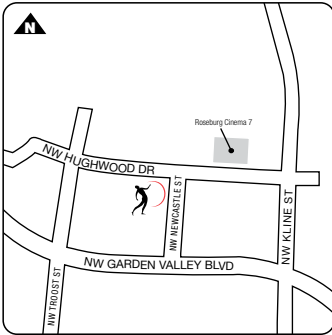
Provider Signature: _____

Provider Name: _____

Provider Phone: _____ Date: _____

(REQUIRED BY MEDICARE)

CLINIC LOCATIONS & PATIENT INSTRUCTIONS ON BACK



CENTRAL PHYSICAL THERAPY

Jeffrey S. Jones PT, MS

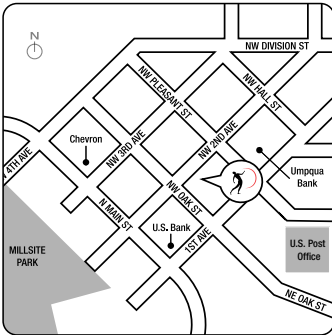
Clinic Director

2040 NW Newcastle St, | Roseburg, OR 97470

TEL: 541-673-1808

FAX: 541-673-2117

EMAIL: central@taipt.com



MYRTLE CREEK PHYSICAL THERAPY

Susan Sheely PT, MPT

Physical Therapist

213 NW 2nd Ave. | Myrtle Creek, OR 97457

TEL: 541-860-7550

FAX: 541-860-7553

EMAIL: myrtlecreek@taipt.com

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