



**WEST VALLEY PHYSICAL THERAPY**  
210 S. 72nd Ave, Ste. 130, Yakima, WA 98908  
P: (509) 453-3103 F: (509) 453-2057  
*Clinic Director:* Robb Jacobs PT, DPT

**SELAH PHYSICAL THERAPY**  
406 S. 1st St, Ste. 2, Selah, WA 98942  
P: (509) 697-9109 F: (509) 697-9122  
*Clinic Director:* Robb Jacobs PT, DPT

**Patient Name:** \_\_\_\_\_  
**Patient Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_ **Follow-Up Visit:** \_\_\_\_\_

**REQUEST FOR PHYSICAL THERAPY**

<b>Frequency (days per week)</b>	<b>Duration (# of weeks)</b>
<b>Precautions/Contraindications</b>	
<b>Comments/Special Orders</b>	

**EVALUATE AND TREAT AS APPROPRIATE**

**PROGRAMS AND SERVICES**

- Astym® System
- Acute Low Back Pain
  - Lumbar Function & Stabilization
  - Postural/Scoliosis
- Manual Therapy
  - Joint Mobilization / Manipulation
  - Soft Tissue Mobilization
  - Fascial Distortion Model
  - Active Release Technique
- Gait & Balance Training
- Neuromuscular Re-Ed
- Therapeutic Exercise
- Blood Flow Restriction Therapy
- Motor Vehicle Accident
- Workers' Compensation Rehabilitation

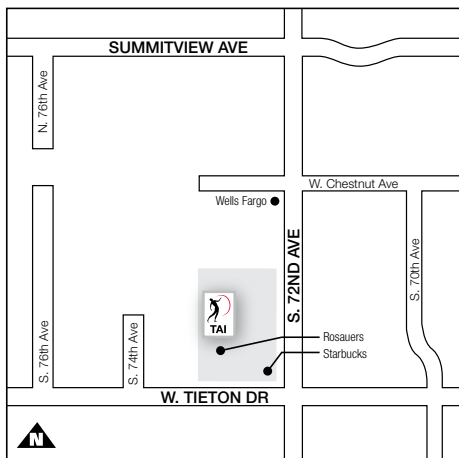
**Electronic Referrals – Need help connecting your system with ours?**

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)**



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## **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**