TherapeuticAssociates PHYSICAL THERAPY

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			

O EVALUATE AND TREAT AS APPROPRIATE

STANDARD SERVICES INCLUDE (Offered at all clinics.)

- O Advanced TMD Treatment
- O Balance & Fall Prevention
- O Biomechanical Evaluation
- O Motor Vehicle Accident Care
- O Soft Tissue Mobilization
- O Spine Rehabilitation
 - O Strength & Conditioning Therapy

O Pre & Post-Operative Rehab

- O Vestibular Therapy
- O Worker's Comp Rehab
- ${\rm O}$ Youth Orthopaedic Physical Therapy

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

- O AlterG Anti-Gravity Treadmill (BND)
- O Augmented Soft Tissue Mobilization (ACB, BND, LAP, RDM, SIS, SRV)
- O Aquatic Therapy (ACB, LAP, SIS, SRV)
- O Clogged Milk Duct (ACB, RDM)
- O CycleFit (BND)

- O F.O.R.C.E. Lab (BND)
- O Functional Breathing (ACB)
- O Golf Rehabilitation & Fitness (ACB)
- O Hand Therapy (BND, RDM)
- O Oncology Rehab / Post Mastectomy (ACB, RDM)

- O Pelvic Health Physical Therapy (ACB, LAP, RDM, SRV)
- O Therapeutic Yoga (ACB)
- O Vestibular/Concussion Rehab (ACB, BND, LAP, RDM, SIS, SRV)
- O 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 and a member of our IT Team will assist you.

Provider Signature	::		
Provider Name:			

Provider Phone:

Date: ____

(REQUIRED BY MEDICARE)

CLINIC LOCATIONS & PATIENT INSTRUCTIONS ON BACK



ATHLETIC CLUB OF BEND (ACB) Laura Cooper PT, DPT <i>Clinic Director</i> 61615 Athletic Club Dr. Bend, OR 97702) 541-382-7890 F: 541-382-7498	20 REDMOND
O BEND (BND) Chuck Brockman PT, MPT <i>Clinic Director</i> 2200 NE Neff Rd, Suite 202 Bend, OR 97701	541-388-7738 F: 541-312-0121	126 SISTERS STHLETIC CLUB 20
O LA PINE (LAP) Chris Glover PT, MPT <i>Practice Manager</i> 51681 Huntington Rd., Suite A La Pine, OR 97739	541-536-6122 F: 541-536-6123	BEND
• REDMOND (RDM) Eric Couglin PT, MSPT <i>Clinic Director</i> 404 NW 5th 5t. Redmond, OR 97756	541-923-7494 F: 541-504-9153	THLETIC CLUB TO FEEND
• SISTERS (SIS) Matt Kirchoff PT, DPT <i>Clinic Director</i> 1011 Desperado Trail, Suite 201 Sisters, OR 97759	541-549-3574 F: 541-549-1092	SUNRIVER 977
O SUNRIVER (SRV) Chris Glover PT, MPT Practice Manager 56881 Enterprise Dr. Sunriver, OR 97707	541-593-8535 F: 541-593-0316	LAPINE

For additional locations outside the Central Oregon 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:

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

www.therapeuticassociates.com/Welcome