

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

	SPECIALIZED PROGRAMS
EVALUATE AND TREAT AS APPROPRIATE	☐ Back and Neck Pain Care
Continues Evanues	☐ Astym® Treatment
Treatment Frequency days per week):	☐ Motor Vehicle Accident Car
Treatment Duration # of weeks):	Pre and Post-Operative Rehabilitation
# Of Weeks).	☐ Sports Therapy
Precautions/Contraindications:	☐ Vestibular Therapy
	☐ Worker's Comp Rehab
	☐ Youth Orthopaedic Physical Therapy
Comments/Special Orders:	

# **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)



# **TACOMA**

### **O TACOMA**

3518 6th Ave, Suite 200A | Tacoma, WA 98406 **(253) 240-0170** | (253) 240-0188 (f)

#### O UNIVERSITY PLACE

3555 Market Place W, Suite 3 | University Place, WA 98466 **(253)** 534-8993 | (253) 534-8995 (f)

#### **O LAKEWOOD**

10011 Bridgeport Way SW, Suite 700 | Lakewood, WA 98499 (253) 592-6519 | (253) 592-6562 (f)



We also serve the Seattle Metro region. For all clinic listings, please visit us online at 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