



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

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

EVALUATE AND TREAT AS APPROPRIATE

PROGRAMS AND SERVICES

- Astym® Treatment
- Back and Neck Pain Care
 - 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 Care
- Worker's Comp Rehab

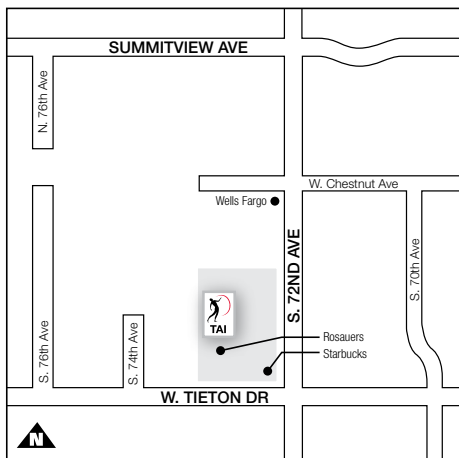
Electronic Referrals – Need help connecting your system with ours?

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)



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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**