# TherapeuticAssociates PHYSICAL THERAPY

PATIENT INFORMATION				
	Patient Phone			
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.

In making this referra	, provider certifies that p	prescribed rehabilitation	is medically necessary.
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Provider Signatu	re:	
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>Clinic Director</i> 51681 Huntington Rd., Suite A La Pine, OR 97739	<b>541-536-6122</b> F: 541-536-6123	BEND
• <b>REDMOND</b> (RDM) Eric Couglin PT, MSPT <i>Clinic Director</i> 404 NW 5th 5t. Redmond, OR 97756	<b>541-923-7494</b> F: 541-504-9153	THLETIC CLUB TO FBEND
• SISTERS (SIS) Matt Kirchoff PT, DPT <i>Clinic Director</i> 1011 Desperado Trail, Suite 201 Sisters, OR 97759	<b>541-549-3574</b> F: 541-549-1092	SUNRIVER 97
O SUNRIVER (SRV) Chris Glover PT, MPT <i>Clinic Director</i> 56881 Enterprise Dr. Sunriver, OR 97707	<b>541-593-8535</b> F: 541-593-0316	LA PINE

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