TherapeuticAssociates
PHYSICAL THERAPY

ROSEBURG &
MYRTLE CREEK

Patient Name: _____

Patient Phone: _____

Diagnosis: _____

Date of Birth: _____ Follow-Up Visit: _____

REQUEST FOR PHYSICAL THERAPY

❒ **EVALUATE AND TREAT AS APPROPRIATE**

Treatment Frequency
(days per week): _____

Treatment Duration
(# of weeks): _____

Precautions/Contraindications:

_____

_____

Comments/Special Orders:

_____

_____

SPECIALIZED PROGRAMS

- ❒ Advanced TMD Treatment
- ❒ Astym® Treatment
- ❒ Back and Neck Pain Care
- ❒ LSVT BIG®
- ❒ Motor Vehicle Accident Care
- ❒ Pelvic Health Physical Therapy
- ❒ Pre & Post-Operative Rehabilitation
- ❒ Sports Therapy
- ❒ Vestibular Therapy
- ❒ Worker's Comp Rehab
- ❒ Youth Orthopaedic Physical Therapy

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.

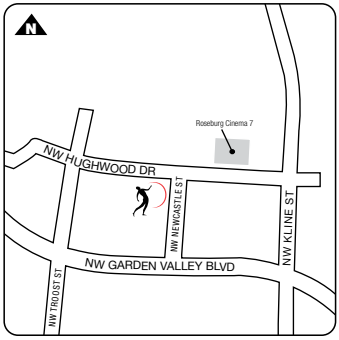
Provider Signature: _____

Provider Name: _____

Provider Phone: _____ **Date:** _____
(REQUIRED BY MEDICARE)

CLINIC LOCATIONS & PATIENT INSTRUCTIONS ON BACK

(REV 08/20/2024)

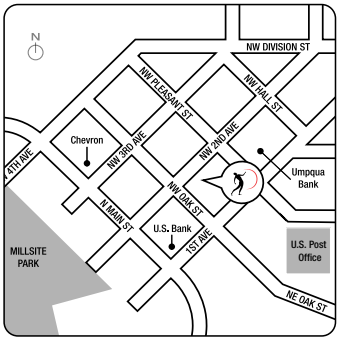


CENTRAL PHYSICAL THERAPY

Dylan Fors PT, DPT
Clinic Director

2040 NW Newcastle St. | Roseburg, OR 97470

TEL: 541-673-1808
FAX: 541-673-2117
EMAIL: central@taipt.com



MYRTLE CREEK PHYSICAL THERAPY

Dylan Fors PT, DPT
Clinic Director

213 NW 2nd Ave. | Myrtle Creek, OR 97457

TEL: 541-860-7550
FAX: 541-860-7553
EMAIL: myrtlecreek@taipt.com

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**