



PHYSICAL THERAPY REFERRAL

Patient: _____ Date: _____

Diagnosis: _____

Rx Frequency / Duration: 1 2 3 4 5 Times/Week For _____ Weeks

Comments: _____

Date of Injury: _____ Worker's Comp MVA Other

TREATMENT PLAN

Treatment at the discretion of Physical Therapist

Protocols

- Return to Work (Conditioning)
- Return to Sport (Conditioning)
- Post-Surgical Rehab Program
- Vestibular Rehab Program
- Back Care Program
- Strain/Sprain Management
- Acute Injury Management
- Repetitive Injury Management
- Posture/Body Mechanics Training

Specific Interventions

- Therapeutic Exercise
- Manual Therapy
- Joint Mobilization
- Soft Tissue Mobilization
- Home Exercise Program
- Pre/Post Surgical Evaluation Only

Other Services (Northgate Only)

- Work Hardening
- Work Conditioning
- Functional Capacity Evaluation

CLINIC LOCATIONS

- LAKE STEVENS**
1819 S Lake Stevens Road, Suite E • Lake Stevens, WA 98258
Phone (425) 334-1122 • Fax (425) 334-1188
- MARYSVILLE**
9516 State Avenue, Suite B • Marysville, WA 98270
Phone (360) 658-8857 • Fax (360) 659-8296
- NORTHGATE**
9501 5th Avenue NE • Seattle, WA 98115
Phone (206) 522-7141 • Fax (206) 522-7234
- SMOKEY POINT**
3204 Smokey Point Dr #103 • Arlington, WA 98223
Phone (360) 651-8880 • Fax (360) 651-9975
- SNOHOMISH**
1409 Ave D • Snohomish, WA 98290
Phone (360) 453-7933 • Fax (360) 453-7934
- STANWOOD**
27500 102nd Avenue NW, Suite 1 • Stanwood, WA 98292
Phone (360) 629-9768 • Fax (360) 629-6487

Signature

Date