

Patient: _____ Date: _____

Phone: _____ DOB: _____

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 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
- ☐ Return to Work (Conditioning)

Specific Interventions

- ☐ Therapeutic Exercise
- ☐ Manual Therapy
- ☐ Joint Mobilization
- ☐ Soft Tissue Mobilization
- ☐ Home Exercise Program
- ☐ Pre/Post Surgical Evaluation Only
- ☐ Women's Health (Lake Stevens and Stanwood)
- ☐ Certified Hand Therapy (Stanwood)

CLINIC LOCATIONS

☐ LAKE STEVENS

1819 S Lake Stevens Rd, Suite E
Lake Stevens, WA 98258
p: 425.334.1122 | f: 425.334.1188

☐ MARYSVILLE

9516 State Ave, Suite B
Marysville, WA 98270
p: 360.658.8857 | f: 360.659.8296

☐ NORTHGATE

9501 5th Ave N
Seattle, WA 98115
p: 206.522.7141 | f: 206.522.7234

☐ OAK HARBOR

275 SE Cabot Dr, Suite B203,
Oak Harbor, WA 98277
p: 360.279.1445 | f: 360.279.9296

☐ SMOKEY POINT

3204 Smokey Point Dr, Suite 103
Arlington, WA 98223
p: 360.651.8880 | f: 360.651.9975

☐ SNOHOMISH

1409 Ave D
Snohomish, WA 98290
p: 360.453.7933 | f: 360.453.7934

☐ STANWOOD

27500 102nd Ave NW, Suite 1
Stanwood, WA 98292
p: 360.629.9768 | f: 360.629.6487

Signature _____ Date _____