Pacific
PHYSICAL THERAPY

Patient Name:_____ Phone:_____

Diagnosis: _____ Date:_____

Location: ☐ Port Orchard - 1950 Pottery Ave, Ste 110, Port Orchard, WA 98366
Phone: 360.329.7052 • Fax: 360.329.7053

☐ Silverdale - 3114 NW Randall Way, Ste. 300, Silverdale, WA 98383
Phone: 360.625.9161 • Fax: 360.625.9215

Surgical Procedures/Contraindications:_____

Special Instructions: _____

PHYSICAL THERAPY PROCEDURES

- ☐ Evaluate and Treat
- ☐ ROM/Strength/Function
- ☐ Gait/Balance
- ☐ Prehabilitation
- ☐ Manual Therapy
- ☐ Education
- ☐ ADL Retraining

SPECIALTY PROGRAMS

- ☐ Concussion Management CCM™
- ☐ Vestibular Rehab
- ☐ Parkinson's Therapy LSVT BIG®
- ☐ Return to Sport
- ☐ Injury Prevention Program
- ☐ Pelvic Health
- ☐ Balance Restoration and Fall Prevention

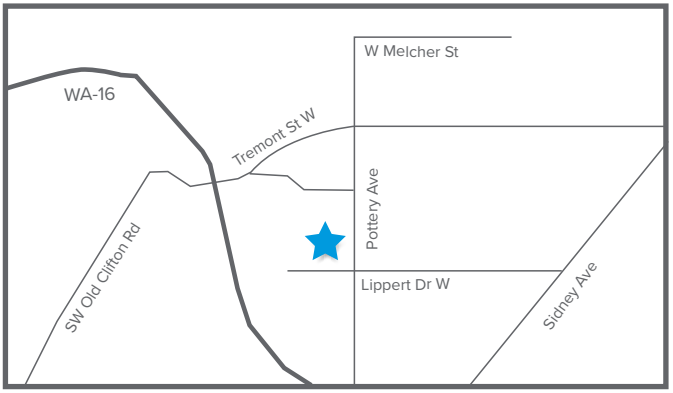
Treatment Frequency: _____visits/week over 2 4 6 8 weeks

Physician Recheck Date: _____

Referring Physician: _____

Signature: _____

Port Orchard
1950 Pottery Ave, Ste 110
Port Orchard, WA 98366
Phone: 360.329.7052 • Fax: 360.329.7053



Silverdale
3114 NW Randall Way, Ste. 300
Silverdale, WA 98366
Phone: 360.625.9161 • Fax: 360.625.9215