



p: 503-295-2585 f: 503-295-2587

Patient: _____ Day Phone _____ DOB _____

Diagnosis (ICD-10 if known) _____ Date _____

Precautions / Findings _____ Next MD appt. _____

GOALS:

Insurance: (partial list, please call if questions)

- Pain (decrease pain)
- Function (increase/improve)
- Range of Motion / Strength (increase/improve)
- Return to:
 - Work _____
 - Activity _____
 - Sport _____
- Other _____

- Cigna
- First Choice Health Network
- Health Net HMO / POS / PPO
- Medicare
- MODA (plus ODA Medicare and OR Health Plan)
- Motor Vehicle Claims (MVA)
- Multiplan PPO
- Pacific Source
- PHCS PPO
- Regence /Blue Cross / Blue Shield
- United HealthCare / OPTUM / UMR
- Worker's Compensation
 - Kaiser
 - Liberty NW
 - Saif (non Caremark claims)
- Self-Pay (call for rates)
- Other _____
- Out of Network Plans
 - Aetna
 - Kaiser
 - Providence
 - UMR Legacy plan

INSTRUCTIONS:

- Evaluate and Treat
- Manual Therapy
- Posture / Body Mechanics
- Neuromuscular Re- Education
- Therapeutic Exercise / Home Program
- Ergonomics Evaluation
- Work Conditioning Evaluation
- Sports Conditioning Evaluation
- Thermal Modalities
- Electrical Stimulation
- Musculoskeletal Wellness

Prescribed by:

Signature _____ Printed Name _____

Clinic Name _____ Phone _____ NPI _____

Please Fax us this form at: 503-295-2587

Dear Patient: Your recovery depends on early and effective treatment. To ensure you get the most from physical therapy, please call to arrange your evaluation as soon as possible. For more information, please visit our website at www.lifesworkpt.com