CANBY
365 S Redwood Street
Canby, OR 97013
Ph: 503.651.2020
Fax: 503.651.2019

CLACKAMAS
9100 SE Sunnyside Road
Clackamas, OR 97015
Ph: 503.305.6129
Fax: 503.305.5950

HILLSBORO
620 SE Oak Street, Suite A
Hillsboro, OR 97123
Ph: 503.844.6565
Fax: 503.844.4225

LAKE OSWEGO
101 S State Street, Suite 4200
Lake Oswego, OR 97034
Ph: 503.636.3028
Fax: 503.636.1837

MILWAUKIE
4606 SE Boardman
Milwaukie, OR 97267
Ph: 503.353.9776
Fax: 503.353.9777

OREGON CITY
1715 S Beavercreek Road
Oregon City, OR 97045
Ph: 503.657.8553
Fax: 503.557.0490

PORTLAND - AIRPORT
5835 NE 122nd Ave, Bldg 1, Ste 120
Portland, OR 97230
Ph: 503.252.2556
Fax: 503.252.2584

PORTLAND - NORTHEAST
332 NE San Rafael Street
Portland, OR 97212
Ph: 503.288.2615
Fax: 503.288.0339

PORTLAND - PEARL DISTRICT
1622 NW 15th Avenue
Portland, OR 97209
Ph: 503.222.4640
Fax: 503.222.2730

PORTLAND - SOUTHEAST
3218 SE 21st Avenue
Portland, OR 97202
Ph: 503.288.4643
Fax: 503.208.7016

ST. HELENS
021 Cowlitz Street
St. Helens, OR 97051
Ph: 503.396.5410
Fax: 503.396.5411

TIGARD
15688 SW 72nd Ave
Portland, OR 97224
Ph: 503.639.8284
Fax: 503.624.7216

NORTH LAKE
Physical Therapy

Patient's Name: _____ Date: _____

Patient's Phone: _____ Patient DOB: _____

Dx: _____

Precautions: _____

Treatment Schedule:

Frequency: _____ x/week Duration (# of weeks): _____

Goals & Objectives:

☐ ↑Strength & ROM ☐ ↓Pain ☐ Improve Function ☐ Patient Education

☐ Other _____

☐ EVALUATE AND TREAT

- ☐ ROM/Stretching
- ☐ Strengthening
- ☐ Massage/Mobilization
- ☐ Back/Neck Care
- ☐ Traction
- ☐ Ultrasound
- ☐ Cold Laser
- ☐ Electrical Stimulation
- ☐ Ice/Heat
- ☐ ASTYM
- ☐ Orthotic Evaluation
- ☐ Fall Risk Assessment
- ☐ Incontinence/Pelvic Floor
- ☐ Hand Therapy/Splinting
- ☐ Functional Work Conditioning
- ☐ Aquatic Therapy *(Milwaukie, Clackamas)*

☐ SPORT SPECIFIC EVALUATION:

☐ Bike Fit ☐ Running ☐ Golfing ☐ Other _____

☐ PREHAB: _____

I hereby certify that the above services have been deemed medically necessary.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

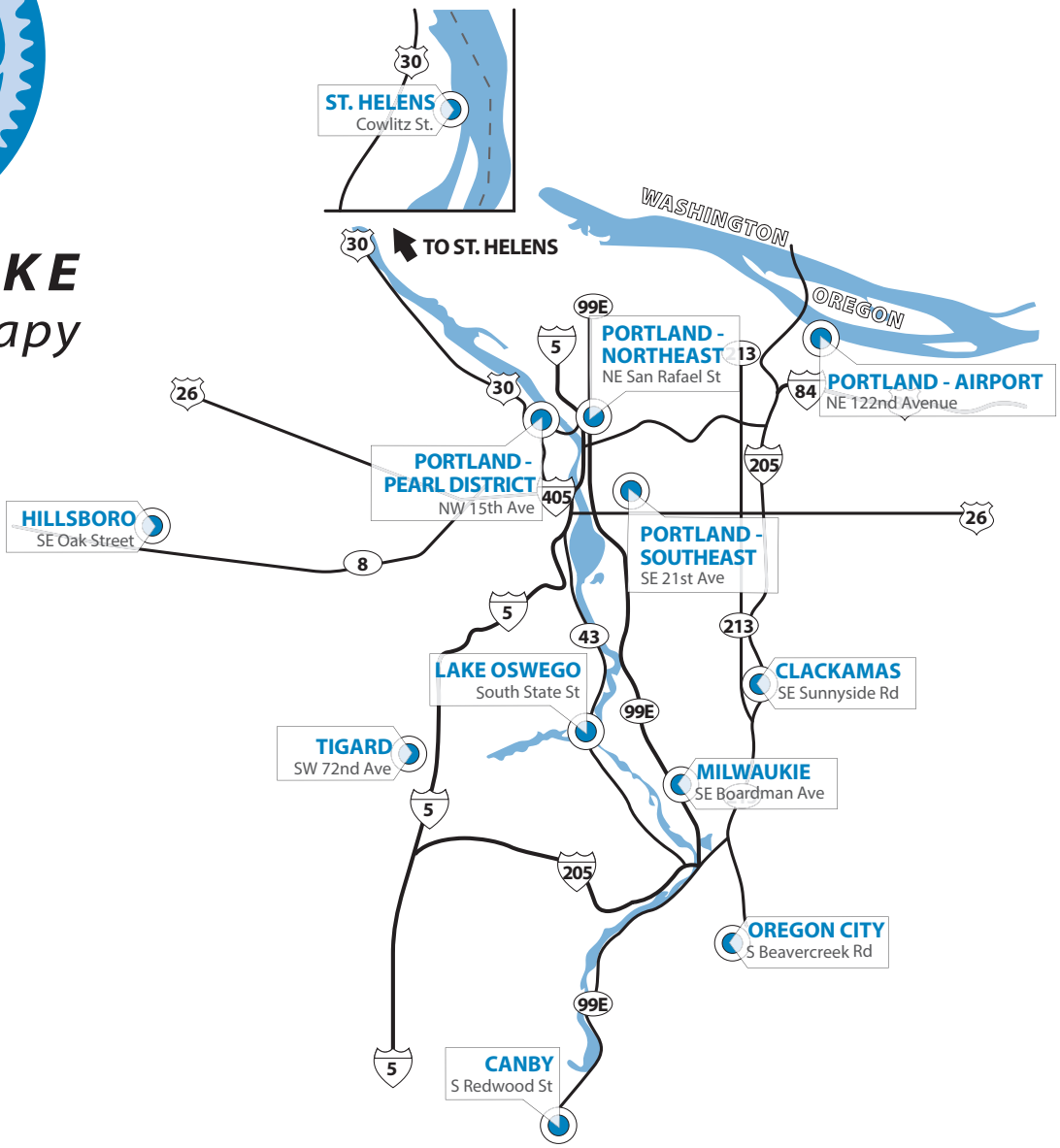
Please include a copy of the surgery or imaging report if appropriate.

www.northlakept.com

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

NORTH LAKE
Physical Therapy

WWW.NORTHLAKEPT.COM



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