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

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

LAKE OSWEGO
101 S State Street, Suite 4200
Lake Oswego, OR 97034
Ph: 503.636.3028
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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
5847 NE 122nd Street, Suite 101
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 Ave.
Portland, OR 97209
Ph: 503.222.4640
Fax: 503.222.2730

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

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

TIGARD
15755 SW Sequoia Pkwy., Suite 101
Tigard, 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

30
ST. HELENS
Cowlitz St.
30
TO ST. HELENS
WASHINGTON
OREGON
99E
5
PORTLAND - NORTHEAST
NE San Rafael St
213
PORTLAND - AIRPORT
NE 122nd St
84
30
PORTLAND - PEARL DISTRICT
NW 15th Ave
405
205
26
PORTLAND - SOUTHEAST
SE 21st Ave
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43
213
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