

Patient Name _____ Date of Birth _____ Phone Number _____

Insurance Provider _____ Insurance ID _____

Diagnosis _____ ICD 10 CODE _____

Date of Injury _____ Date of Surgery _____

☐ Therapist evaluate and determine use of procedures, modalities,
and / or frequency of treatment

☐ Precautions _____

☐ PHYSICAL THERAPY ☐ OCCUPATIONAL THERAPY ☐ MASSAGE THERAPY

Treatment Frequency _____ x-per week or _____ weeks, or _____ PRN

Physician Recheck Date _____

Physician Signature _____ Date _____

Physician Name _____ Physician Phone _____

○ Barkley

3111 Newmarket St., Ste. 101
Bellingham, WA 98226
P. 360.354.1115 F. 360.354.3210

○ Lynden

8862 Bender Rd., Ste. 101
Lynden, WA 98264
P. 360.354.1115 F. 360.354.0321

○ Blaine

1733 H St., Ste. 400
Blaine, WA 98230
P. 360.332.5111 F. 360.332.3444

○ Bakerview

414 W Bakerview Rd., Ste. 110
Bellingham, WA 98226
P. 360.752.5551 F. 360.752.0155

○ Fairhaven

3125 Old Fairhaven Pkwy., Ste. 103
Bellingham, WA 98225
P. 360.715.1152 F. 360.715.1153

○ Bothell

24118 Bothell Everett Hwy., Ste. 400
Bothell, WA 98021
P. 425.686.7485 F. 425.903.3168

○ Ferndale

1887 Main St., Ste. 105
Ferndale, WA 98248
P. 360.384.5111 F. 360.384.0006

○ Birch Bay

8125 Birch Bay Square St., Ste. 248
Blaine, WA 98230
P. 360.366.5511 F. 360.366.0321

○ Mt. Vernon

1811 Riverside Dr., Ste. B
Mount Vernon, WA 98273
P. 360.416.8252 F. 360.416.8262