NORTHWEST
THERAPY CENTER
COMPREHENSIVE OUTPATIENT
REHABILITATION FACILITY
320 NE 97th Street Suite B, Seattle WA 98115
Phone: 206-525-1010 Fax: 206-523-1330

Patient Name: _____

Telephone Number: _____

Date of Birth: _____

Diagnosis: _____

☐ Respiratory / Physical Therapy Evaluation and Treatment
Treatment may include: Patient education, Pulse Oximetry, Endurance Training, Breathing Retraining, Pulmonary Hygiene, Titration of supplemental oxygen

Other: _____

☐ Physical Therapy Evaluation and Treatment
Treatment may include: Balance Training, Therapeutic Exercise, Neuromuscular Re-Education, Home exercise instruction, Gait training, Vestibular therapy

Other: _____

☐ Social Service Evaluation

Special Instructions/Limitations: _____

_____

Physician Name: _____

Physician Signature: _____ Date: _____

Phone Number: _____ NPI#: _____

***Please forward patient medical history upon referral***

**PLEASE FAX BACK TO US AT 206-523-1330**