



Physical Therapy
Occupational Therapy
Lymphedema Therapy
Sports Performance

Post Surgical Rehab
Total Body Balancing
Orthotics
Far Infrared Sauna

Wellness Classes:

Feldenkrais/Awareness Through Movement®

Date: _____ Name: _____

DOB: _____ Phone(s): _____

Diagnosis(es) with ICD-9 code: _____

Treatment Frequency/Duration: _____

___ Physical Therapy: evaluate & treat

___ Occupational Therapy: evaluate & treat

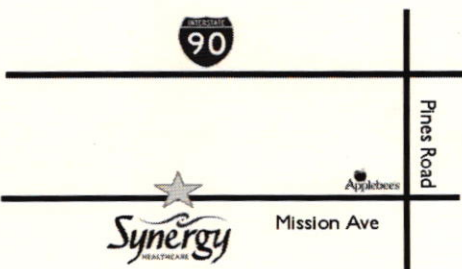
Precautions: _____

Specific Instruction to Therapist: _____

Referring Provider Signature: _____

Referring Provider Name: _____

Phone #: _____ Fax #: _____



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