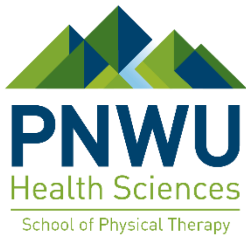

Pro Bono Physical Therapy Clinic

The School of Physical Therapy strives to serve Yakima's underserved community. **We are committed to seeing uninsured and underinsured patients that have exhausted their physical therapy benefits**. Doctoral physical therapy students provide all care under the supervision of licensed physical therapists**. Please fax the completed form to (509) 853-1007 and contact us with any questions at (509) 853-4327.**

Please complete this form or send in alternate referral documentation.

First name:____________________________ Last name: ________________________________

Street Address: __________________________City:________________Zip Code: __________

Emergency Contact: Phone: ________________Date of birth:_____________

Preferred communication method: Home:☐ Cell:☐ Email:☐

Please check ☐: if we can leave a detailed message at your preferred communication method.

Home Phone:____________Cell Phone:_______________Email address: _____________________

Primary Care Provider: Name:______________________________ Phone: ___________________

Have you been seen for this condition in the past? ☐Yes. ☐No. If yes, where? ________________

Do you have Medical Insurance? ☐Yes. ☐No. If yes, what kind? ____________________________

Have you exhausted all your physical therapy benefits this calendar year? ☐Yes. ☐No. ☐NA.

Are your symptoms related to a Motor Vehicle Accident? ☐Yes. ☐No.

If yes, do you have Personal Injury Protection (PIP) insurance coverage? ☐Yes. ☐No.

To be completed by referring provider, therapist, or self (if self-referring):

Referral Date: ___________Date of Onset/Injury? __________Medical Diagnosis:____________

Chief Complaint:____________________________Precautions:______________________________

Comments: ____

____

Referred by:________________________________ Address: _______________________________

Signature: _________________________________ _________________________________

Email Address: _____________________________ Phone: _________________________________

Pacific Northwest University of Health Sciences School of Physical Therapy
200 University Parkway. Yakima, WA 98901

Yakima Union Gospel Mission Medical Center 1300 N. 1st St. Yakima, WA 98901
Fax: (509) 853-1007 Phone: (509) 853-4327