



# physical therapy 180°

www.pt180boise.com

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Patient's Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis: \_\_\_\_\_

Comments/Precautions: \_\_\_\_\_

**EVALUATE AND TREAT APPROPRIATELY**

**Special Programs**

- Posture – Movement/ Education
- Home Program
- Manual Therapy
- Core Stabilization/ Pilates
- TMJ
- Scar Mobilization

**Services**

- Acupuncture
- Yoga
- Joint – Soft Tissue Mobilization
- Myofascial Release
- Patient Education
- InfraRed Laser/ E.S.
- Strength Conditioning
- Therapeutic Exercise

Treat \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

In making this referral, physician certifies that prescribed treatment is medically necessary.

Physician Signature \_\_\_\_\_

Physician Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Physical  
Therapy**

**Massage  
Therapy**

**Acupuncture**

**Posture  
Training**

**Exercise  
Classes**

**Providers for:**

- Most major insurance companies
- Medicaid
- Medicare
- Motor Vehicle Accidents

**Two Locations**

