

# Mountain Valley Therapy



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mountainvalleytherapy.biz

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## REFERRAL INFORMATION

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Precautions/Contraindications: \_\_\_\_\_

Evaluate and Treat    Initial Order/Plan of Care    Update to Plan of Care

### Physical Therapy:

Treatment at Therapist's Discretion

Therapeutic Exercise

Modalities

Biofeedback

Hot/Cold Packs

Traction (Cervical/Pelvic)

Iontophoresis

E-Stim/TENS

Ultrasound

Kinesiotaping

McConnell Taping

Equipment

TENS Setup and Instruction

Home Traction Setup and Inst.

Manual Therapy

Soft Tissue Mobilization

Myofascial Release

Joint Mobilization

Craniosacral Therapy

Lymph Drainage Therapy

Visceral Mobilization

Astym

Strain Counterstrain

Muscle Energy Technique

Specialized Programs

Aquatic Therapy

Temporomandibular Dysfunction

Fall Prevention/Balance

Back School Education

Sensory Integration Program

Other: \_\_\_\_\_

### Additional Treatments/Specialties:

Acupuncture

Personal Training/Guided Exercise

Baseline Concussion Testing

Athletic Training (Brook Jorgensen, ATC)

Functional Capacity Evaluation

Work Conditioning

**Goals:**    Improve Range of Motion    Improve Strength    Improve Mobility

Improve Function    Other: \_\_\_\_\_

**Frequency:**    Daily    3x    2x    1x   per week for \_\_\_\_ weeks

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fax this prescription to 541-975-2720. Thank you for your referral!**