ANN WILSON ON-SITE TEACHING CLINIC REFERRAL FORM - ADULT Revised 05/30/2023

	ise complete the jorm. I	Type or print legibly.		
First name:	Last	t name:		
Street Address:		City:		
Preferred Method for con	mmunication for schedul	led appointments: Home	CellWork	Email
Please check if we	e can leave a detailed me	essage at your preferred met	hod for communication	
PLEASE BE ADVISEI): Our email system is un	nencrypted so information s	hared via email will be	limited to protect your health
Phone: Home/Cell	e/Cell		_(Alternate): Home/Cell/Work	
Date of birth: Email address:		:		
Person to contact in case	of emergency:		Phone:	
Primary Care Provider: Name:		Phone:		
Have you been seen in th	ne UPS Onsite Clinic in t	the past for the same concern	n? <u>Yes</u> No	If yes, what year?
		-		
OFFERED IN THE FA	LL: Tuesday/Thursday	Appointments Only		
9:30 a.m 10:	30 a.m11:30 a	a.m2:30 p.m	3:30 p.m	4:30 p.m.
		-	3:30 p.m	4:30 p.m
OFFERED IN THE SP	RING: Wednesday App	-	-	-
OFFERED IN THE SP 9:30 a.m 10:3	RING: Wednesday App 30 a.m 11:30	pointments Only	3:30 p.m	_4:30 p.m
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The School of Physical Therapy offers PT appointments Fall and Spring Semesters. Patients appointments are one hour long, day(s) and hours vary pending the semester (see above). We offer specialty care in orthopedic/musculoskeletal injury or pain, neurologic rehabilitation, and pediatric physical therapy. An Exercise/Wellness group is available Fall Semester. Seating and wheelchair prescription is offered through a specialty clinical elective course most years. All care is provided by graduate students in physical therapy under the supervision of licensed physical therapists. Please call the clinic at (253) 879-3180 or email onsiteclinic@pugetsound.edu if you have questions.

SCHOOL OF PHYSICAL THERAPY

1500 N. WARNER ST. # 1030 • TACOMA, WA 98416-1032 • TEL 253.879.3180 • FAX 253.879.3540 • WWW.UPS.EDU/PT