



**BREMERTON**

(360) 792-1015 Fax: 792-0964  
2500 Cherry Avenue, Suite #203  
Bremerton, WA 98310

- PT/OT Team
- Work Conditioning
- Onsite Education Programs
- Ergonomic Surveillance
- Work Site/Ergonomic Evaluations

**KINGSTON**

(360) 297-7050 Fax: 297-7502  
26001 Barber Cut-Off Road NE  
Suite #C-1  
Kingston, WA 98346

- PT/OT Team
- PCE's/FCE's
- Work Conditioning
- Work Site/Ergonomic Evaluations
- Onsite Education Programs
- Ergonomic Surveillance

**PORT ORCHARD**

(360) 895-9090 Fax: 895-9089  
1880 Pottery Avenue, Suite #100  
Port Orchard, WA 98366

- PCE's/FCE's
- Work Conditioning

**POULSBO-VILLAGE**

(360) 779-3777 Fax: 779-3797  
(360) 779-3764 Fax: 779-9740  
19505 7th Avenue  
Poulsbo, WA 98370

- PT/OT Team
- PCE's/FCE's
- Work Conditioning
- Work Site/Ergonomic Evaluations
- Onsite Education Programs
- Ergonomic Surveillance

**SILVERDALE**

(360) 613-1834 Fax: 613-2716  
2400 NW Myhre Road,  
Suite #102  
Silverdale, WA 98383

- PCE's/FCE's
- Work Conditioning
- Work Site/Ergonomic Evaluations
- Onsite Education Programs
- Ergonomic Surveillance

**PORT ORCHARD SATELLITE**

(360) 287-4662 Fax: 251-0225  
1730 SE Mile Hill Dr., #100  
Port Orchard, WA 98366

**SILVERDALE SATELLITE**

(360) 639-4540 Fax: 251-0232  
3909 NW Randall Way  
Silverdale, WA 98383

- POST-JOB OFFER SCREENING
- WORK CONDITIONING
- PT/OT
- PHYSICAL CAPACITY EVALUATION
- ERGONOMIC WORKSITE EVALUATION
- EVALUATE AND TREAT APPROPRIATELY

\_\_\_\_ VISITS/WEEK FOR \_\_\_\_ WEEKS

Patient's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Diagnosis/Accepted Condition/ICD-g: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Code: \_\_\_\_\_

L & I Claim Number: \_\_\_\_\_

State L & I  Self Insured L & I

L & I Phone Number: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Who is requesting the PCE: \_\_\_\_\_

V.R.C.: \_\_\_\_\_

V.R.C. Address: \_\_\_\_\_

V.R.C. Phone: \_\_\_\_\_

Requested Services Authorized: Yes  No

Purpose of PCE: \_\_\_\_\_

Job Analysis: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Next Appointment With Referring Provider: \_\_\_\_\_

Comments: \_\_\_\_\_

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