

PHYSICIAN REFERRAL

Clinics

**South County
Physical Therapy**
6767 9th Avenue
Port Arthur, TX 77642
(409) 722-1485

Patient's Name: _____

Diagnosis: _____

Precautions: _____

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____