



PHYSICIAN REFERRAL

Clinics

Lakeside Physical Therapy
27762 Vista Del Lago,
Suite A-1
Mission Viejo, CA
92692
(949) 768-7500

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: _____