



PHYSICIAN REFERRAL

Clinics

**Grayslake
Rehabilitation,
Physical Therapy &
Wellness**

997 N Corporate Cir
Suite B
Grayslake, IL 60030
(847) 223-8001

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: _____