ActiveCare
PHYSICAL THERAPY

Physician Referral

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: _____

Clinics

Dover
600 Mt Pleasant Ave
Suite F
Dover, NJ 07801
(973) 366-4000

Denville
35 W Main Street
Suite 202
Denville, NJ 07834
(973) 983-6600

Ledgewood
501 Route 10 East
Ledgewood, NJ 07852
(973) 598-9111

Far Hills
27 Route 202 Suite 5
Far Hills, NJ 07931
(908) 375-8881