



# INTEGRATED

*Sports Medicine & 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

#### **LANSLOWNE / LEESBURG**

19500 Sandridge Way  
#230  
Lansdowne, VA 20176  
(703) 724-7474

#### **FAIRFAX STATION / BURKE**

5618 Ox Rd, Suite H  
Fairfax Station, VA  
22039  
(703) 426-4949

#### **FAIRFAX/ FAIR OAKS**

3998 Fair Ridge Dr  
#125  
Fairfax, VA 22033  
(703) 865-7680