



# PHYSICAL THERAPY

YOUR WHOLE BODY HEALTH, IS OUR WHOLE PURPOSE

## 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

#### West Hills

7230 Medical Center  
Dr #401  
West Hills, CA 91307  
(747) 888-3562

#### West LA

10474 Santa Monica  
Blvd #435  
Los Angeles, CA 90025  
(310) 275-4137