JOINTS IN MOTION

PHYSICAL THERAPY & WELLNESS

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

Goose Creek
209 St James Ave Unit B2
Goose Creek, SC 29445
(843) 793-4466

Mount Pleasant
912 Johnnie Dodds Blvd Suite 100
Mount Pleasant, SC 29464
(843) 793-4466

Charleston
2270 Ashley Crossing Dr Suite 150
Charleston, SC 29414
(843) 818-4886