



# 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