OUACHITA & WINNSBORO 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

**Monroe Clinic**
1138 Oliver Rd
Monroe, LA 71201
(318) 323-3031

**Winnsboro Clinic**
710 Prairie St
Winnsboro, LA 71295
(318) 435-3882