



# Marquette 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

**Leawood Clinic**  
13420 Briar St Suite C  
Leawood, KS 66209  
(913) 484-7632

**De Soto Clinic**  
33255 Lexington Ave  
Suite A  
De Soto, KS 66018  
(913) 585-9844

**South OP**  
7398 W 162nd Terrace  
Suite 6  
Overland Park, KS  
66085  
(913) 484-7632