



# Physical, Speech & Sports 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

**South Clinic**

105 Mariner Health Way, Suite 213  
St. Augustine, FL 32086  
(904) 217-4259

**Central Clinic**

65 Strongway Ct  
St. Augustine, FL 32086  
(904) 679-3204

**World Golf Clinic**

475W Town Place, Suite 100  
St. Augustine, FL 32092  
(904) 481-8747

**Island Clinic**

4299 SR-A1A S  
St Augustine, FL 32080  
(904) 679-3449

**Parkinson's Neurological Health Center**

1711 Lakeside Ave  
Suite 5  
St Augustine, FL 32084  
(904) 201-1080