



# Pura Vida 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

#### **Kansas City / Mid-Town**

5701 State Ave Suite  
100  
Kansas City, KS 66102  
(913) 248-8888

#### **Kansas City - MISSOURI clinic**

4700 Belleview Avenue  
Suite 310  
Kansas City, MO 66112  
(913) 248-8888