



# Physical Therapy & Rehab Specialists

## 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

**Kewanee**  
110 E 10th Street  
Kewanee, IL 61433  
(309) 852-2200

**Galva Physical  
Therapy & Rehab  
Specialists**  
356 Front Street  
Galva, IL 61434  
(309) 932-8100

**Stark County  
Physical Therapy &  
Rehab Specialists**  
112 E Williams St  
Wyoming, IL 61491  
(309) 695-4010