



PARTNERS IN PHYSICAL THERAPY

PHYSICIAN REFERRAL

Clinics

Lake Charles
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C2
Lake Charles, LA 70601
(337) 439-3344

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: _____