



**FOOTHILLS**  
PHYSICAL THERAPY GROUP

## PHYSICIAN REFERRAL

### Clinic

Patient's Name: \_\_\_\_\_

221 W Young High Pike  
Knoxville, TN 37920  
Tel:(865) 573-6458  
Fax:(865) 577-8147

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_ x week \_\_\_\_ weeks or \_\_\_\_ visits total

Signature: \_\_\_\_\_

Date: \_\_\_\_\_