



## PHYSICIAN REFERRAL

### Clinics

**Inside Cool Springs  
Fitness Center**  
1051 East Cornell Road  
Mercer, PA 16137  
(724) 662-2800

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: \_\_\_\_\_