

PHYSICAL THERAPY REFERRAL

Patient: _____ **Diagnosis:** _____

Physical Therapy Eval & Treat	Continue Physical Therapy
Manual Therapy	Aquatic Therapy
Therapeutic Exercise (ROM, strength training)	Work Hardening
Modalities (US, E-stim, ice, heat)	Functional Capacity Evaluation
Iontophoresis	Orthotic Assessment
Other:	

Protocol: _____

Special Instructions/Precautions:

Referring Physician: _____ **Date:** _____