



# 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

**Fitness One**  
1414 Hwy 71 N  
Alma, AR 72921  
479-632-0797

**Wellness Physical Therapy**  
418 E. Main  
Charleston, AR 72933  
479-965-0357

**F & S Physical Therapy**  
1414 Hwy 71 N  
Alma, AR 72921  
479-632-0321

**Wellness Physical Therapy**  
9220 Highway 71  
South Ste 4  
Fort Smith, AR 72916  
479-484-1100

**Wellness Physical Therapy - Mount Ida**  
732 Hwy 270 E  
Mount Ida, AR 71957  
870-867-2121

**Waldron Physical Therapy**  
56 W 2nd St  
Waldron, AR 72958  
479-637-0744