



ALL-ACCESS

Physical Therapy

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

Shrewsbury

904c Boston Turnpike
Road
Shrewsbury, MA 01545
(508) 845-3500

Sterling

50 Leominster Road, #6
Sterling, MA 01564-
2146
(978) 422-0431

Marlborough

420 Maple St
Marlborough, MA 01752
(508) 251-0322