



Helping you with your particular needs and physical therapy goals.

# 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

### Paradise

6678 Clark Road  
Paradise, CA 95969  
(530) 876-1006

### Chico

2623 Forest Avenue  
Chico, CA 95928  
(530) 343-2778

### Magalia

14144 Lakeridge Court  
Magalia, CA 95954  
(530) 873-2818

### Oroville

2858 Olive Hwy  
Oroville, CA 95966  
(530) 533-4199