Sports Rehab Professional Therapy Associates

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

Storm Lake
315 W 5th St
Storm Lake, IA 50588
(712) 732-7724

Cherokee
1101 N 2nd St
Cherokee, IA 51012
(712) 225-3344

Denison
521 Hwy 39 N Unit 4
Denison, IA 51442
(712) 393-7724

Ida Grove
701 E 2nd St
Ida Grove, IA 51445
(712) 364-3311

Spirit Lake
Hwy 71 South
Spirit Lake, IA 51360
(712) 336-8651

Pocahontas
606 NW 7th St
Pocahontas, IA 50574
(712) 335-5238

Milford
1003 21st St
Milford, IA 51351
(712) 338-2558