RIVERVIEW
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

Yarmouth
50 Forest Falls Dr
Yarmouth, ME 04096
(207) 846-8725

Bath
55 Congress Ave Suite 6
Bath, ME 04530
(207) 386-0351

Westbrook
23 Bridgton Road Suite 2
Westbrook, ME 04092
(207) 797-3477

Windham
48 Tandberg Trail
Windham, ME 04062
(207) 892-3952