



PHYSICIAN REFERRAL

Clinics

Queens

100-15 Queens Blvd.
Suite 202
Queens, NY 11375
(347) 813-4960

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: _____