

PERFORMANCE  
PHYSICAL THERAPY  
OF NAPLES, INC.

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

**North/Central**

4949 Tamiami Trail  
North, Suite 104  
Naples, FL 34103  
(239) 643-2040

**East**

3841 Tamiami Trail  
East  
Naples, FL 34112  
(239) 732-9094

**Immokalee Road**

1201 Piper Blvd., Suite  
18  
Naples, FL 34110  
(239) 593-3010