



PHYSICAL THERAPY &  
PERSONAL FITNESS

# 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

### Sherman Oaks

14116 W Magnolia Blvd  
Sherman Oaks, CA  
91423  
(818) 789-3819

### Agoura Hills

30135 Agoura Rd Ste C  
Agoura Hills, CA 91301  
(818) 707-7344