

PHYSICIAN REFERRAL

Clinics

**Inside Cool Springs
Fitness Center**
1051 East Cornell Road
Mercer, PA 16137
(724) 662-2800

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: _____