



PHYSICIAN REFERRAL

Clinics

**Maximum
Performance Physical
Therapy**
185 Old Country Rd.
Suite 4
Riverhead, NY 11901
(631) 208-4443

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: _____