



**MILLENNIUM**  
PHYSICAL THERAPY

## 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

#### Bay Ridge

8616 3rd Ave  
Brooklyn, NY 11209  
(718) 833-4656

#### Astoria

30-63 38th St  
Astoria, NY 11103  
(718) 932-1269

#### Sunnyside

43-48 48th St  
Sunnyside, NY 11104  
(718) 554-7345