



PHYSICIAN REFERRAL

Clinics

**Mountain Physical
Therapy**
427 Broadway, Suite 3
Monticello, NY 12701
(845) 796-2470

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: _____