Progressive 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

Granada Hills
10725 Zelzah Ave #B
Granada Hills, CA 91344
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Valencia
25949 The Old Rd
Valencia, CA 91381
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Palmdale
450 W Palmdale Blvd
Palmdale, CA 93551
(661) 273-5333

Tarzana
5620 Wilbur Ave Ste 320
Tarzana, CA 91356
(818) 996-1725