CHESTERTON PHYSICAL THERAPY, INC.
Great Health Through Great 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

Chesterton Clinic
425 Sand Creek Dr N
#C
Chesterton, IN 46304
(219) 926-9779

Michigan City Clinic
320 Dunes Plaza
Michigan City, IN 46360
(219) 898-4360