

## Physical Therapy Relieving Pain, Improving Strength, Restoring Function

## 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

Merrillville 8687 Connecticut St Suite F Merrillville, IN 46410 (219) 525-4176