

# RIVER VALLEY 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

#### Peotone

422 Governors Hwy #4  
Peotone, IL 60468  
(708) 792-0044

#### Clifton

341 S Main St  
Clifton, IL 60927  
(815) 918-5084

#### Bradley

535 E North Street,  
Suite C  
Bradley, IL 60915  
(815) 802-7503