



**OUACHITA &
WINNSBORO**
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

Ouachita Clinic

1138 Oliver Rd
Monroe, LA 71201
(318) 323-3031

Winnsboro Clinic

710 Prairie St
Winnsboro, LA 71295
(318) 435-3882