Gaines 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

Benson
995 W 4th St Ste G
Benson, AZ 85602
(520) 237-8091

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542 Harshaw Ave
Patagonia, AZ 85624
(520) 237-8091