HealthActions
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

Jackson
1711 College Ave
Jackson, AL 36545
(251) 246-5761 ext. 252

Thomasville
451 Safford Ave
Thomasville, AL 36784
(334) 636-1461

Monroeville
2071 S Alabama Ave
Monroeville, AL 36460
(251) 575-1933

Troy
100 Emma Dr
Troy, AL 36081
(334) 670-5435

Dothan-Flowers
4300 W Main St Ste 14
Dothan, AL 36305
(334) 944-7010

Enterprise
1109 Boll Weevil Cr
Suite2
Enterprise, AL 36330
(334) 828-7591

Dothan - East
1207 Ross Clark Cir
Dothan, AL 36301
(334) 500-1150

Atmore
210 Brookwood Rd
Atmore, AL 36502
(251) 491-0200

Daphne
27955 US HWY 98 Ste
XYZ
Daphne, AL 36526
(251) 410-0620

Orange Beach
25910 Canal Rd Suite P
Orange Beach, AL
36561
(251) 981-7778