



Pura Vida 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

Kansas City / Mid-Town

5701 State Ave Suite 100
Kansas City, KS 66102
(913) 248-8888

Kansas City - MISSOURI clinic

4700 Belleview Avenue Suite 310
Kansas City, MO 66112
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