



PARTNERS IN PHYSICALTHERAPY

PHYSICIAN REFERRAL

Clinics

Lake Charles

3501 5th Avenue Suite
C2

Lake Charles, LA 70601
(337) 439-3344

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: _____