



OPTIMAL RESULTS
PHYSICAL THERAPY

LIVE BETTER STAY BETTER HAVE FUN

PHYSICIAN REFERRAL

Clinics

Portland

511 SW 10th Avenue
Suite 101
Portland, OR 97205
(503) 294-7463

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: _____