



PHYSICAL THERAPY of BOULDER  
*The Sport and Spine Specialists*

## 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

#### Headquarters

3020 Carbon Pl #330  
Boulder, CO 80301  
(303) 938-1141

#### Longmont

275 S Main St #201  
Longmont, CO 80501  
(720) 406-3987

#### Lafayette

806 S Public Rd Suite  
201  
Lafayette, CO 80026  
(720) 406-7408