



Northwest Physical Therapy

Changing lives... One step at a time

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

Delphos

333 North St., Ste 102
Delphos, OH 45833
419-692-0095

Lima

3760 Allentown Rd
Lima, OH 45807
419-221-0904

Ottawa

1880 N. Perry St., Ste 100
Ottawa, OH 45875
419-523-9003

Bluffton

80 State Route 103, Suite B
Bluffton, OH 45817
419-358-6978