PERFORMANCE REHABILITATION

WITH YOU EVERY STEP OF THE WAY

# PHYSICIAN REFERRAL


**Clinics**

**Performance Rehabilitation**
955 Yonkers Ave #109
Yonkers, NY 10704
(914) 776-7310


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: _____