

Physical Therapy Referral

Date: [Insert Date]

To: [Physical Therapist's Name]
[Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Physical Therapist's Name],

I am writing to refer my patient, [Patient's Name], [Patient's Age], for physical therapy services due to ongoing balance and stability issues. [Patient's Name] has been experiencing difficulties that have affected their daily activities and quality of life, including [briefly describe symptoms, e.g., frequent falls, unsteady gait, dizziness].

Medical History: [Brief summary of relevant medical history and any previous treatments].

Goals for Therapy: The primary goals of this referral are to improve [Patient's Name]'s balance, stability, and overall functional mobility. I would appreciate your expertise in developing a tailored treatment plan that addresses these issues.

Please feel free to contact me if you need further information regarding [Patient's Name]'s medical history or if you have any questions regarding this referral.

Thank you for your attention and collaboration in providing care for my patient.

Sincerely,

[Your Name]
[Your Title]
[Your Practice/Clinic Name]
[Your Contact Information]