

Physical Therapy Referral for Chronic Pain Management

Date: [Insert Date]

To: [Physical Therapist's Name]

Address: [Physical Therapy Clinic Address]

Dear [Physical Therapist's Name],

I am writing to refer my patient, [Patient's Name], who is experiencing chronic pain as a result of [brief description of condition].

After conducting a thorough evaluation, I believe that [Patient's Name] would benefit from a comprehensive physical therapy program focusing on pain management and improved functional mobility.

Patient Details:

- Name: [Patient's Name]
- Age: [Patient's Age]
- Diagnosis: [Diagnosis]
- Relevant Medical History: [Medical History]

Please schedule an appointment for evaluation and treatment at your earliest convenience. I appreciate your expertise and support in managing this patient's care.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]