

Physical Therapy Referral Letter

Date: [Insert Date]

Patient Name: [Patient's Full Name]

Patient Address: [Patient's Address]

Patient Phone: [Patient's Phone Number]

Referring Physician: [Doctor's Name]

Physician Address: [Doctor's Address]

Physician Phone: [Doctor's Phone Number]

Subject: Referral for Physical Therapy

Dear [Physical Therapist's Name],

I am writing to refer my patient, [Patient's Full Name], to your facility for physical therapy evaluation and treatment. [He/She/They] is a [age]-year-old [gender] who presents with [brief description of the patient's condition, e.g., mobility issues, post-surgical rehabilitation, etc.].

Clinical findings include:

- [Finding 1]
- [Finding 2]
- [Finding 3]

Given [his/her/their] age and specific needs, I believe that physical therapy would greatly benefit [his/her/their] recovery and quality of life. Please evaluate and initiate treatment as you see fit.

Thank you for your attention to this matter. Please feel free to contact me for any further information.

Sincerely,

[Doctor's Name]

[Doctor's Specialty]

[Doctor's Contact Info]