

Physical Therapy Referral for Neurological Rehabilitation

From: Dr. John Smith, MD

Practice Name: ABC Neurology Clinic

Date: October 12, 2023

To: [Physical Therapist's Name]

Practice Name: XYZ Physical Therapy Center

Address: 123 Healing Way, Suite 456, City, State, ZIP

Patient Information:

Name: Jane Doe

Date of Birth: January 1, 1980

Insurance ID: 987654321

Referral Details:

Dear [Physical Therapist's Name],

I am referring my patient, Jane Doe, for physical therapy evaluation and treatment. She has been diagnosed with [Specify Condition, e.g., post-stroke hemiparesis] and requires rehabilitation services to improve her mobility and functional independence.

Objectives of therapy include:

- Improve strength on affected side
- Enhance balance and coordination
- Promote activities of daily living (ADL) performance

Please perform a comprehensive evaluation and develop a treatment plan tailored to her specific needs. I appreciate your attention to this matter and look forward to your assessment and recommendations.

Thank you,

Signature: Dr. John Smith, MD

Contact: (555) 123-4567