

# Physical Therapy Referral Letter

Date: [Insert Date]

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

Dear [Physical Therapist's Name],

I am writing to refer my patient, [Child's Full Name], a [Child's Age]-year-old child who has been experiencing [Brief Description of Condition or Concern]. After conducting a thorough assessment and considering the child's needs, I believe that a comprehensive physical therapy evaluation and intervention would be beneficial.

Clinical Background:

Diagnosis: [Diagnosis if applicable]

Relevant Medical History: [Brief medical history]

Current Medications: [List medications]

Previous Therapies: [List any previous therapies, if relevant]

The specific areas of concern include:

- [Concern 1]
- [Concern 2]
- [Concern 3]

I would appreciate your comprehensive evaluation and recommendations for a suitable treatment plan tailored to [Child's Name]'s needs. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need further information.

Thank you for your attention to this referral. I look forward to your expert evaluation.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]