

# Physical Therapy Referral Letter

**Referring Physician:**

Dr. John Smith  
ABC Medical Clinic  
123 Health St.  
Cityville, ST 12345  
Phone: (123) 456-7890  
Date: [Insert Date]

**To:**

Physical Therapy Department  
XYZ Rehabilitation Center  
456 Wellness Ave.  
Cityville, ST 12345

Dear Physical Therapist,

I am referring my patient, **[Patient's Full Name]**, to your facility for physical therapy following their recent surgery on **[Date of Surgery]**. The patient underwent **[Type of Surgery]** and is in need of post-surgical rehabilitation to ensure optimal recovery.

**Patient Information:**

Age: [Patient's Age]  
Insurance Information: [Insurance Provider]

The rehabilitation goals for this patient include:

- Pain management
- Restoration of mobility and strength
- Functional independence
- Education on self-care and prevention strategies

Please perform a comprehensive evaluation and develop an appropriate treatment plan. I would appreciate it if you could send me updates on the patient's progress.

Thank you for your assistance in the care of this patient.

Sincerely,  
Dr. John Smith  
ABC Medical Clinic