

# Physical Therapy Referral

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for physical therapy evaluation and treatment following a sports-related injury sustained on [Date of Injury].

Details of the injury:

- Type of Injury: [e.g., ACL tear, ankle sprain]
- Location of Injury: [e.g., right knee, left ankle]
- Date of Injury: [insert date]

Physical examination findings:

- [Brief description of findings]

The goals of therapy are to:

- Reduce pain and inflammation
- Restore range of motion
- Strengthen affected muscles
- Return to pre-injury activity level safely

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or discussion regarding this referral.

Thank you for your assistance in providing care for my patient.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Phone Number]

[Your Email Address]