

Physical Therapy Referral

Date: [Insert Date]

To: [Physical Therapist's Name]

Address: [Physical Therapy Clinic Address]

Dear [Physical Therapist's Name],

I am writing to refer my patient, [Patient's Name], who has recently experienced a stroke and is in need of physical therapy for recovery and support. The stroke occurred on [Date of Stroke], and the patient has been under my care since then.

Following the stroke, [Patient's Name] has exhibited [describe any relevant symptoms, mobility issues, or limitations]. It is essential to address these challenges through a tailored physical therapy program to aid in their recovery and enhance their quality of life.

I believe that your expertise in stroke rehabilitation will be beneficial to [Patient's Name]. Please assess [his/her/their] condition and develop an appropriate treatment plan that focuses on [specific rehabilitation goals, such as strength building, mobility improvement, etc.].

If you require any further information or medical history, please do not hesitate to contact my office at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this referral. I look forward to hearing about [Patient's Name]'s progress.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[Your Phone Number]

[Your Email Address]