

Patient Referral for Physical Therapy

Referring Physician: Dr. John Smith

Practice Name: Smith Medical Group

Address: 123 Wellness Ave, Health City, ST 12345

Phone: (123) 456-7890

Date: [Insert Date]

Patient Information

Patient Name: Jane Doe

Patient Date of Birth: January 1, 1990

Patient Phone: (987) 654-3210

Insurance Provider: Health Insurance Co.

Reason for Referral

Patient has been experiencing persistent lower back pain, impacting daily activities and quality of life. Recommended evaluations and treatment in physical therapy.

Clinical Notes

Initial assessment and treatment plan should focus on pain management, strengthening, and mobility exercises. Please report progress to the referring physician.

Physical Therapist Information

Facility Name: Therapy First Clinic

Address: 456 Recovery Rd, Heal Town, ST 54321

Phone: (321) 654-0987

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

Sincerely,

Dr. John Smith