

Physical Therapy Referral Form

Name of Healthcare Provider: Strides of Strength Therapeutic Services, INC.

Specialty: Physical Therapy

Email: beth.gaston@stridesofstrength.org

Phone Number: 803-374-6255

Fax Number: 803-219-3947

Address: 2717 Gaston Farm Rd, Chester, SC 29706

Patient Information

Full Name: _____

Date of Birth: _____

Email: _____

Phone Number: _____

Emergency Contact: _____

Diagnosis: _____

Medical History: _____

Family History: _____

Reason of Referral: _____

Additional Comments: _____

Referring Clinician Information

Physicians Name: _____

Phone Number: _____ **Fax Number:** _____

Email: _____

****All referrals require a Diagnosis, Physician Order, Medical History, and Insurance Information.**

PLEASE FAX ALL REQUIRED DOCUMENTS TO 803-219-3947



STRIDES OF STRENGTH
THERAPEUTIC SERVICES