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PHYSICAL THERAPY ▪ WOMEN’S HEALTH ▪ GOLF FITNESS

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**PHYSICIAN REFERRAL FOR OUTPATIENT PHYSICAL THERAPY**

**NATALIE COOKE** PT, DPT, CGFI **BRITTANY VASS** PT, DPT **TANYA CANCADE** MPT

**CASSIE COCHRANE** PT, DPT, NCS **JESSSICA BALSLEY** PT, DPT, OCS

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DATE: \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_

NAME OF PATIENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ /\_\_\_\_

DIAGNOSIS:

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□ Evaluate + treat □ Manual Therapy ADDITIONAL INSTRUCTIONS

□ Therapy exercise \_\_\_ ASTYM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Neuro Re-ed \_\_\_Joint mobs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other \_\_\_STM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ ROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHYSICIAN NAME PHYSICIAN SIGNATURE