



Referral For Physical Therapy

Patient Name: _____

Phone: _____

DOB: _____

Diagnosis/ Treatment area: _____

Recommendations:

Comments:

Physician or Provider Information

Name: _____

Phone: _____

Fax: _____

Physician or Provider Signature: _____ Date: _____



Instructions For Referral

If you have a patient who would benefit from our services you can:

1. Complete this referral template
 - a. You can fax to the number provided and also provide a copy to the patient
2. You may also use your own script or referral sheet and fax to the number provide
3. Please feel free to also reach out to our physical therapists direct line/cell to discuss any details: 678-687-1151 or email at jason@salisbury-pt.com

Use the master copy to create more referral sheets. If you run out of sheets you may also contact our office via phone or email, kinsey@salisbury-pt.com to request more and we will gladly and promptly provide you with more.