

## REFERRAL CARD



**BETTER  
STRONGER  
FASTER**

Patient's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Injury/Surgery \_\_\_\_\_

Precautions/  
Special Instructions

### SERVICE PRESCRIBED

Evaluation and Treatment

Therapeutic Exercise

Balance/Gait Training

Dry Needling

Neurological Rehabilitation

Gait Analysis

Manual Therapy

Traction

Graston Technique

Concussion Rehab

Return to Run

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