ProCare
THERAPY SERVICES

Physical, Occupational, & Speech Therapy
Outpatient Services
1441 Park Ave Suite A, Cranston RI 02920
P: 401.270.2500 F: 401.415.6055

Physician Referral Form

Patient Name _____ Date _____

Phone _____

Diagnosis _____

Instructions _____

_____

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy
☐ **Evaluate and treat as necessary**

☐ Balance and Strength Training
☐ Fall Prevention
☐ Neuromuscular Reeducation
☐ Traction Therapy
☐ Range of Motion
☐ Therapeutic Exercise
☐ Functional Training/Dynamic Activities
☐ Postural/Body Mechanics

☐ Modalities _____

☐ Other _____

Physician Signature _____

Physician Printed Name _____

Physician Office Phone _____

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