Alternative PHYSICAL THERAPY
"ADVANCED THERAPY THAT WORKS!"

Jera Ratliff, P.T., CFMT
CA # 13757

4275 Executive Square, Suite 200, La Jolla, CA 92037
Office: 858-964-2313 Fax: 858-408-2613

PATIENT REFERRAL REQUEST

Date _____

Dear _____

Your patient, _____, has requested a referral to Alternative Physical Therapy to be treated for the following concerns:

1)

2)

3)

- Upon brief assessment, this patient is appropriate for _____ with the understanding that he/she would be required to check with you sooner should other concerns arise.

- Please complete the referral paperwork for this patient that you sent to Alternative Physical Therapy.

I will complete/FAX an Initial Evaluation following our first session.

Thank you, in advance, for your support and consideration in this matter. Of course, feel free to call to discuss any concerns you may have: (858) 964 - 2313.

Regards,

Jera Ratliff, CFMT

Alternative Physical Therapy

4275 Executive Square, Ste. 200

La Jolla, Ca 92037

FAX: (858) 408 - 2613

Incl: REFERRAL SLIP

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CA # 13757

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Email: jratliffpt@gmail.com
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PHYSICAL THERAPY ORDER

NAME	DATE
DIAGNOSIS	ICD-9
	ICD-9
PRECAUTIONS	
MISC	

☐ EVAL. & TREAT. ☐ ORTHOPEDIC REHAB ☐ VISCERAL MANIP.

☐ NEURAL MOBILZATION ☐ OTHER: _____

REFERRING CLINICIAN/TITLE: _____