

[Your Name]
[Your Title/Position]
[Your Practice/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Practice/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to refer my patient, [Patient's Name], for physical therapy services due to [brief description of the condition or injury].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Provider, Policy Number]

Clinical History:

[Brief summary of medical history, current condition, and any relevant prior treatments or interventions.]

Goals for Physical Therapy:

- [List specific goals you hope the physical therapy will address.]

Please feel free to contact me if you need any further information regarding [Patient's Name] or their treatment plan. Thank you for your attention to this referral, and I appreciate your collaboration in their care.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Title/Position]

[Your Practice/Organization]