



**PHYSICAL THERAPY * WATER THERAPY * MANUAL THERAPY
MASSAGE THERAPY * ACUPUNCTURE**

410 Boston Post Road, Suite 29
Sudbury, MA 01776

Beede Swim & Fitness Center
498 Walden Street, Concord, MA 01742

Atkinson Pool
40 Fairbank Road, Sudbury, MA 01776

Name: _____

Telephone: W: _____ **H:** _____

Diagnosis: _____

Insurance: _____

Physician: _____

TREATMENT RECOMMENDATIONS

- | | |
|--|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Water Therapy |
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Myofascial Release |
| <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Modalities as Needed | <input type="checkbox"/> Other |

Frequency and Duration: _____

Special Instructions: _____

Contraindications: _____

Physician Signature: _____ **Date:** _____

In making this referral this physician certifies that the prescribed rehabilitation is a medical necessity.

**Phone: 617-803-8730 Fax: 978-567-9010
www.diamondphysicaltherapy.com**