



Advanced one-on-one care for effective results

7510 Clairemont Mesa Blvd., Suite 103  
San Diego, CA 92111

*(Directions on back of this form)*

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www.Mesa Physical Therapy.com

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Owner/Director  
Serving Clairemont!  
Kearny Mesa, Linda Vista  
Tierrasanta

**REFERRAL FOR PHYSICAL THERAPY**

Date \_\_\_\_\_

Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

\_\_\_\_\_

Physical Therapy Evaluation and Treatment as Indicated       Continue Current Program

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency: 1 2 3 4 5 6 times/week

Patient should recheck with Dr. in \_\_\_\_\_ weeks.

Patient's next appointment \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Duration: \_\_\_\_\_ weeks

Time \_\_\_\_\_

Thank you for your referral!

PHYSICIAN \_\_\_\_\_