



## Physical Therapy Screening Report

Physician Name & Address	
RE:  Patient Name, DOB	
Dear	
Your patient,	, was seen for a screening in our clinic on
regarding their	Diago review the attached form for enegific findings from the
	ears your patient would benefit from physical therapy to address their deficits and
limitations.	
Patient Information	
Date of Screen	Presenting Problem
Onset	
Screening Report	
Subjective	
Objective	
Recommendations	
Patient could benefit from physical the	erapy times/week for weeks
Treatment to consist of	
☐ Therapeutic Exercise ☐ Therapeuti	ic Modalities $\square$ Manual Therapy $\square$ Soft Tissue/Joint Mobilization
$\square$ Patient Education $\square$ Other	
Therapist Signature	Date
Printed Name	Phone

If you have any questions or concerns, please contact me at your earliest convenience.