

Referral for Physical Therapy and Athletic Training

Patient name: _____ **Date of birth:** _____

Diagnosis/reason for referral: _____

- | | |
|--|---|
| <input type="radio"/> evaluate and treat | <input type="radio"/> modalities/recovery equipment |
| <input type="radio"/> manual therapy | <input type="radio"/> therapeutic exercise |
| <input type="radio"/> return-to-sport | <input type="radio"/> other (please specify) |

Frequency & duration: _____

Precautions: _____

Physician name (printed): _____

Office phone number: _____

Physician signature: _____

Date: _____

Phone: 734-655-8240 • Fax: 734-655-8530

TrinityElite Locations: Chelsea • Livonia • Livonia-Schoolcraft Campus • Saline



**Traditional insurance-based and affordable
out-of-pocket payment accepted**

TrinityElite Locations:

Chelsea

420 N Main St, #900
Chelsea, MI 48118

Livonia

13245 Newburgh Rd
Livonia, MI 48150

Livonia-Schoolcraft Campus

18001 St. Joe's Parkway
Livonia, MI 48152

Saline

1200 Woodland Dr E
Saline, MI 48176



To schedule, scan here
or call
734-655-8240

Learn more at TrinityEliteMi.org

