



Servicing Patients in their Own Homes

Physician Referral Form

Melissa Rabideau, PT, DPT, MS
Physical Therapist & CEO

Patient's Name: _____

Phone Number

(844) 313-2246

Diagnosis: _____

Fax Number

(517) 798-5705

Precautions: _____

Mailing Address

418 N Main St.
2nd Floor
Royal Oak, MI 48067

PT OT SLP

Website

www.optimalrt.com

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____