



# WEST SIDE PHYSICAL & AQUATIC THERAPY

Since 1994

## PHYSICIAN REFERRAL

Patient's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_ x week \_\_\_\_ weeks or \_\_\_\_ visits total

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Clinics

**Syracuse clinic**  
315 Bridge St  
Syracuse , NY 13209  
(315) 484-9447

**East Syracuse clinic**  
5760 Commons Park  
Dr.  
East Syracuse, NY  
13057  
(315) 251-0040