



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