

Physicians Consent Form



I give permission for Monterey Aquatic Therapy Center to obtain information in this form.

Clients Name _____

Parents/Caretakers Name _____

Clients Siganture _____ Date _____

Name _____ is enrolling in our aquatic exercise/ Angelfish swim program at the Monterey Aquatic Therapy Center, MATC. We provide adaptive aquatic exercise, adaptive swim class and aquatic guidance that is individualized to each person's needs and physical condition. Aquatic Instructors are trained in adapted aquatics, arthritis aquatics, Watsu Angelfish swim and hold Lifeguard, CPR and First Aid Certifications. The facility consists of a 10' by 40' indoor pool with a water temperature of 90°- 96°. A lift is available to assist non-ambulatory individuals in and out of the pool.

Section to be completed by Physician

Information for each section below is required of the physician. *(N/A where not applicable)*

Diagnoses and Conditions: (List conditions we should be aware of in working with your patient)

Are there specific activities you would recommend for your patient?

Are there any activities contraindicated for your patient? *(This information is required for the safety and well being of your patient)*

The patient named above has my approval to participate in an adaptive aquatic program at the Monterey Aquatic Therapy Center.

Physicians Signature _____

Pysicains Name (Print) _____

Date _____ Office Address _____

Office number _____