

AQUATIC PHYSICAL THERAPY REFERRAL FORM

Changing Rehabilitation—Changing Lives

phone: 677-1210
fax: 677-1214

PATIENT INFORMATION

Patient Name: _____ Phone: _____
 SSN: _____ DOB: _____
 Insurance: PPO W/C Auto Medicare
 Insurance Company: _____ Phone: _____

PRESCRIPTION INFORMATION

Frequency: 1x 2x 3x 4x Other _____
 Duration: 4 6 8 12 weeks Other _____
 Diagnosis: _____

PRESCRIPTION INFORMATION

Involved Body part(s):	Aquatic RX for:	Aquatic Treatments:	Classes Available:
Cervical _____	Spinal Dysfunction _____	Bad Ragaz _____	Arthritis _____
Thoracic _____	Post-Op Ortho/Rehab. _____	Watsu _____	Prenatal/Postpartum _____
Lumbar _____	Shoulders _____	Progressive Resistance Program _____	FMS/CFS _____
Shoulder _____	Hips _____	(AAROM, AROM, RROM) _____	Back Conditioning _____
Knee _____	Knees _____	Conditioning Program _____	Cardiac Rehab. _____
Hip _____	Ankle/Foot _____	Flexibility Program _____	
Hand/Wrist _____	Arthritis _____	Joint MOB _____	Other:
Elbow _____	Fibromyalgia _____	Manual Resistance Exercises _____	Aquatic Membership _____ (months)
	Perinatal _____	Comments: _____	
	Balance/Gait Disorders _____	_____	
	Cardiac Rehab. for arthritic or load-sensitive pts. _____	_____	
	Obesity _____	_____	

PHYSICIAN INFORMATION

Name _____ Phone _____
 Signature _____ Date _____

The doctor's signature constitutes this referral as a medical necessity.

AQUATIC CENTER INFORMATION

- The Aquatic Center is a brand new, state-of-the-art facility located within the Roseville Health and Wellness Center.
- The indoor pool dimensions are 60 feet in length and 25 feet in width. The temperature is a constant 90 degrees. The spa is 10 feet by 14 feet with a temperature of 104 degrees.
- A registered physical therapist/certified aquatic therapist with over 17 years experience provides aquatic instruction to all patients.
- We offer full locker and shower facilities and offer rehabilitation services Monday through Friday. Please complete and sign the prescription and fax to 677-1214.