



Magnolia Physical Therapy and Aquatic Rehab Center

AQUATIC THERAPY MEDICAL SCREENING

TO BE COMPLETED BY PATIENT PRIOR TO FIRST AQUATIC THERAPY SESSION

- | | | |
|-------------------------------------------------------|-----|----|
| 1. Are you able to dress yourself independently? | Yes | No |
| 2. Are you able to shower yourself independently? | Yes | No |
| 3. Can you ascend / descend stairs? | Yes | No |
| 4. Are you fearful of water? | Yes | No |
| 5. Are you willing to participate in Aquatic Therapy? | Yes | No |

Do you have:

- | | | |
|--------------------------------------------------------------------|-----|----|
| 1. High blood pressure | Yes | No |
| If yes, are you on medication to control your high blood pressure? | Yes | No |
| 2. Diabetes | Yes | No |
| If yes, are you insulin dependent? | Yes | No |
| 3. Cardiac problems | Yes | No |
| 4. Respiratory problems | Yes | No |
| 5. Vascular or circulatory problems | Yes | No |
| 6. Any history of strokes | Yes | No |
| 7. Difficulty controlling your bowel or bladder | Yes | No |
| 8. Open wounds, skin rashes, lesions or infections | Yes | No |
| 9. History of seizures | Yes | No |
| 10. Vision problems | Yes | No |
| 11. Vertigo | Yes | No |
| 12. Difficulty walking | Yes | No |
| 13. Fever | Yes | No |
| 14. Allergy to chlorinated water | Yes | No |

If you answered Yes to any questions, please explain: _____

Patient Signature

Date



MAGNOLIA PHYSICAL THERAPY AND AQUATIC REHAB CENTER

REPRESENTATION, RELEASE AND AGREEMENT

(Please read carefully and sign below)

I, _____, fully understanding that the programs and exercises of the Magnolia Physical Therapy and Aquatic Rehab Center program require moderate physical activity, hereby represent and acknowledge that my physical condition permits me to participate in the programs and exercises. I further acknowledge that I have been advised that at any time I am having physical difficulty, I will immediately inform the Physical Therapist or Class Instructor(s) and will adhere to their recommendation. I have volunteered to participate in this program and accept the responsibility for it. I understand that the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

I further realize that I will not be accepted for participation in the program if the Physical Therapist or Class Instructor(s) determines that my condition is not appropriate and my participation would be dangerous to my health.

I release and discharge on my behalf of myself, my heirs, assigns and successor in interest, all officers, directors, agents, employees and other representatives of Magnolia Physical Therapy and Aquatic Rehab Center and the use of any of its exercises, equipment, procedures, or other results attained therefrom.

Participant Name—Please Print

Date

Participant Signature

Witness Name—Please Print

Date

Witness Signature



MAGNOLIA PHYSICAL THERAPY AND AQUATIC REHAB CENTER

Rules and Regulations for Aquatic Therapy and Aquatic Fitness Classes

Thank you for choosing Magnolia Physical Therapy & Aquatic Rehab Center for your Aquatic Therapy and/or physical fitness needs. In order to make your exercise session run as smoothly as possible, please review the rules and regulations below:

1. In order to make sure that you receive your full therapy session, we ask that you arrive at your appointment early enough to sign-in, change into your swimsuit (if needed) and enter the pool at your appointment time.
2. If you are attending Aquatic Fitness Classes, check your email prior to coming to class. If there are any unforeseen changes or announcements, you will be informed by email.
3. Sign-in on the sign-up sheet at the front desk (Therapy) or in the pool area (Classes).

FOR YOUR SAFETY, DO NOT ENTER THE POOL UNTIL YOUR THERAPIST / INSTRUCTOR IS ON DECK

4. We request that all aquatic participants wear their own aquatic shoes for safety. Aquatic shoes may be purchased through our clinic.
5. Please bring your own towel and a bottle of water to stay hydrated.
6. Outside storage units are available for personal belongings.
7. Please shower prior to entering the pool.
8. **Please use caution** on all surfaces as the changing room floors and pool deck may be wet.
9. **Absolutely NO RUNNING or DIVING allowed.**
10. Wear appropriate swimming attire. You may wear a swimsuit or work out attire.
11. Please use courtesy towards other therapy patients and/or class participants. We are all here to share the same great pool and experience! We have the right to refuse service to any persons displaying inappropriate behavior.

GENERAL INFORMATION

1. The average pool temperature is maintained between 88° and 92° F.
2. Your Aquatic Therapy sessions will last approximately 30– 60 minutes according to your Therapist's discretion at the time of your initial evaluation. Aquatic Fitness Classes are scheduled for 60 minutes.
3. Aquatic Fitness Class fees are on a month to month basis or \$10 per class. Make-up classes may be permitted in same month if available.
4. **Patients and Class Participants with open wounds, infections of any kind, uncontrolled bladder/ bowel incontinence, elevated high blood pressure, decreased lung capacity or oxygen saturation less than 96%, uncontrolled seizures or uncontrolled heart conditions are NOT permitted in the pool.**

Please sign and date that you agree to abide by the above.

Signature

Rules and Regulations Revised 8.19

Date