

ALTAMONTE SPRINGS PHYSICIAN CONSENT FORM

(Please type or print all information clearly)

Physical Address:

Westmonte Park
624 Bills Lane
Altamonte Springs, FL 32714

Mailing Address:

City of Altamonte Springs
225 Newburyport Avenue
Altamonte Springs, FL 32701

PATIENT INFORMATION:

Name: _____ Date of Birth: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ (Home) _____ (Work or Cell)

E-Mail Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

PHYSICIAN INFORMATION:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Diagnosis: Type of Arthritis: _____

Other Medical Concerns: _____

Restrictions / Precautions: (Please Check If Applicable):

1) Total Joint Replacement: _____ Specific Joint(s): _____

2) Moderate to severe joint involvement exists in the following areas:

A) Neck: _____

D) Knee: _____

B) Back: _____

E) Hip: _____

C) Hand: _____

F) Other (specify): _____

Participant will be in water temperatures ranging from 92° to 94°. If any of the above were checked, please list any restrictions or precautions they may have concerning warm water exercise below:

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Patient Name: _____
(Last) (First) (Middle)

Please Initial (**PHYSICIAN ONLY**):

_____ Open Swim

_____ Low Intensity Water Exercise Classes

_____ High Intensity Water Exercise Classes

The above patient has my approval to participate in the above initialed water exercise classes and/or open swim which all have water temperatures ranging from 92° to 94°.

Signature of Physician

Date Signed

If I decide to participate in the Arthritis or Water Aerobics classes, I understand and agree that all aquatic instructors, employees, volunteers, The Arthritis Foundation, The Advisory Board for the Disabled, Inc. and The City of Altamonte Springs will not have or assume any financial responsibility or liability for the expense of medical treatment or be responsible for compensation for any injury sustained during or resulting from participation in these classes.

Participant's Signature

Date Signed

Guardian Signature (if Participant is under 18)

Date Signed