

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:

