

# PHYSICIAN POOL RELEASE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

PROGRAM: (Check One)     ADHC     ADC     CDP     CCC  
 ADMIT DATE:             ILS     VOC     Post-Stroke Therapy (Persistence)  
 \_\_\_\_\_                 Water Exercise     Independent Exercise

1) Describe briefly medical conditions this individual now has or has had; include diagnosis, etiology, treatment, current status, related medication and dosage:

- A. Hypertension or other cardiovascular conditions:
- B. Neurological conditions or impairments:
- C. Musculoskeletal / orthopaedic conditions:
- D. Respiratory conditions:
- E. Diabetes mellitus:
- F. High blood pressure:
- G. Seizure disorder:
- H. Contagious conditions:
- I. Other conditions:

2. For which of the above are you seeing this patient?

Other physician's providing care: (Give physician name and condition(s) treated)

3. Limits, precautions or contraindications relevant to warm water exercise: **(Water temperature 92 degrees)**

4. Is this individual able to self-monitor regarding these limits / precautions?

**I APPROVE OF THE ABOVE INDIVIDUAL PARTICIPATING IN THIS POOL PROGRAM.**

|                |                            |
|----------------|----------------------------|
| Physician Name | <b>PHYSICIAN SIGNATURE</b> |
| Address        | Date                       |
| City, Zip      | Telephone                  |