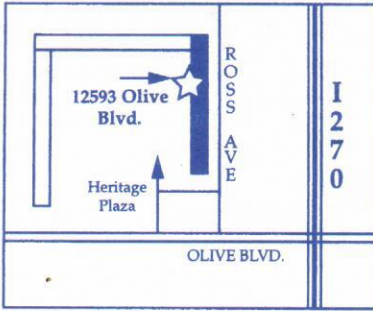


Aquatic Fitness, Inc.

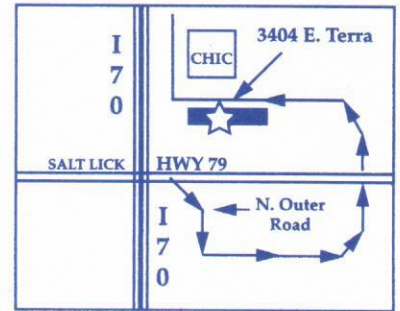
Water & Land Therapy



www.goaquatic.com



12539 Olive Blvd.
St. Louis, MO 63141
(314) 205-2006
Fax: (314) 205-2241



3404 E. Terra Lane
O'Fallon, MO 63366
(636) 970-0336
Fax (636) 970-0337

PATIENT _____

DATE _____

DIAGNOSIS _____

FREQUENCY/DURATION _____

- Evaluate and Treat _____
- Aquatic Therapy _____ Specific Area
- Progression to Land
- Land-Based Therapy
- Home Safety Assessment
- Two Hour Work-Conditioning
- Modalities
- Home Exercise Program
- Other _____
- Special Instructions _____

Follow up Appointment Physician _____

PHYSICIAN SIGNATURE _____

PATIENT INSTRUCTIONS

1. Please arrive 15 minutes before scheduled appointment time.
2. On your first visit, you will receive a physical therapy evaluation.
3. Proper swim attire required. Please bring your own towel. We will provide lockers and lock.
4. Rubber soled footwear is required around the pool and shower areas.