



# AQUATIC PHYSICAL THERAPY REFERRAL FORM

*Changing Rehabilitation—Changing Lives*

phone: 677-1210  
fax: 677-1214

### PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Insurance:**      PPO                      W/C                      Auto                      Medicare  
**Insurance Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### PRESCRIPTION INFORMATION

**Frequency:** 1x   2x   3x   4x      Other \_\_\_\_\_  
**Duration:**   4      6      8      12 weeks    Other \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_

### PRESCRIPTION INFORMATION

<b>Involved Body part(s):</b>	<b>Aquatic RX for:</b>	<b>Aquatic Treatments:</b>	<b>Classes Available:</b>
<b>Cervical</b> _____	Spinal Dysfunction _____	Bad Ragaz _____	Arthritis _____
<b>Thoracic</b> _____	Post-Op Ortho/Rehab. _____	Watsu _____	Prenatal/Postpartum _____
<b>Lumbar</b> _____	Shoulders _____	Progressive Resistance Program _____	FMS/CFS _____
<b>Shoulder</b> _____	Hips _____	(AAROM, AROM, RROM) _____	Back Conditioning _____
<b>Knee</b> _____	Knees _____	Conditioning Program _____	Cardiac Rehab. _____
<b>Hip</b> _____	Ankle/Foot _____	Flexibility Program _____	
<b>Hand/Wrist</b> _____	Arthritis _____	Joint MOB _____	<b>Other:</b>
<b>Elbow</b> _____	Fibromyalgia _____	Manual Resistance Exercises _____	Aquatic Membership _____ (months)
	Perinatal _____	Comments: _____	
	Balance/Gait Disorders _____	_____	
	Cardiac Rehab. for arthritic or load-sensitive pts. _____	_____	
	Obesity _____	_____	

### PHYSICIAN INFORMATION

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
The doctor's signature constitutes this referral as a medical necessity.

### AQUATIC CENTER INFORMATION

- The Aquatic Center is a brand new, state-of-the-art facility located within the Roseville Health and Wellness Center.
- The indoor pool dimensions are 60 feet in length and 25 feet in width. The temperature is a constant 90 degrees. The spa is 10 feet by 14 feet with a temperature of 104 degrees.
- A registered physical therapist/certified aquatic therapist with over 17 years experience provides aquatic instruction to all patients.
- We offer full locker and shower facilities and offer rehabilitation services Monday through Friday. Please complete and sign the prescription and fax to 677-1214.

**ROSEVILLE HEALTH & WELLNESS CENTER: AQUATIC CENTER RULES & REGULATIONS**

1. Bathing suits, swim trunks, aqua vest, wet suits, and t-shirts are the only clothing permitted in pool.
2. All members must bring their own towel.
3. Towel off completely before entering the Wellness Center.
4. Shoes are required while transitioning between the pool and locker rooms.
5. Wrap yourself in a towel or bathrobe while transitioning between the pool and locker rooms.
6. Follow all safety rules at all times while utilizing the Aquatic Center.

**Sacramento Spine & Physical Therapy, Roseville**

phone: **677-1210**

fax: **677-1214**

1650 Lead Hill Rd., Roseville

(Inside the Roseville Health & Wellness Center)

