



Date: _____

Patient: _____ Date of Birth: _____

Diagnosis: _____

The patient is safe to participate in an independent aquatic exercise program including:

Pool (90-92 degrees) Yes No

Spa (104 degrees) Yes No

Signature

Date

If an updated exercise program is required, please complete the PT order below.

Physical Therapy: Evaluation and treatment including aquatic therapy.

Signature

Date