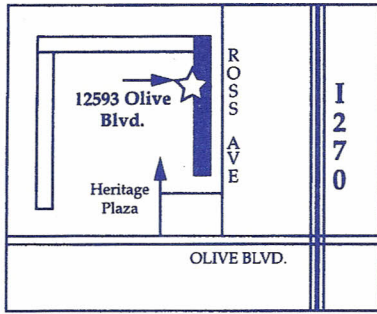


Aquatic Fitness, Inc.

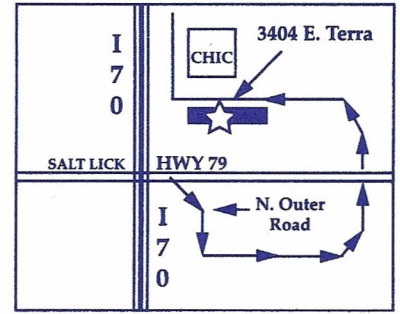
Water & Land Physical Therapy



12593 Olive Blvd.
St. Louis, MO 63141
(314) 205-2006
Fax: (314) 205-2241



www.goaquatic.com



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

PATIENT _____

DATE _____

DIAGNOSIS _____

FREQUENCY/DURATION _____

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

Follow up Appointment $\bar{\tau}$ 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.