

September 23, 2010



Aquatic Exercise Wellness Program

Dear Participant,

Although the decision is yours, you should discuss any exercise program with your doctor prior to starting it. To help you and your doctor, we have a brief description of our program below. If you or your doctor have any questions, please do not hesitate to call our office at (626) 576-0591.

Program Description:

This is a recreational Aquatic Exercise Wellness Program specially designed for people suffering from chronic joint pain. All the exercises are done in a warm water environment and can be geared to different ability levels. This class is a basic class that is wonderful for beginners. More advanced participants are welcome as well because the intensity of the exercises is self-monitored. All exercises are designed with a pain-free range of motion in mind. This means that the participant only moves their joint as much as they feel comfortable doing. There should be no pain during each exercise!

Goals/Outcomes of the Program:

The goal of this program is to help participants maintain as much independence in their daily lives as possible. The main outcome of this program is to decrease pain; therefore exercises focus on improving or maintaining flexibility, strength, balance, and cardiovascular endurance. These key points are essential to activities of daily living such as turning door knobs, cooking, driving and much more. The instructor will explain how different exercises can help the participant during activities of daily living. This program is designed for completion in a fun, social environment. So, come to class ready to have a good time! ☺

Again, if you have any questions or concerns, please call us at (626) 576-0591.

Sincerely,

Yonemoto Physical Therapy



Participant Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that Yonemoto Physical Therapy nor it's officers, directors, employees, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or compensation for any injury I may suffer during or resulting from my participation in the Aquatic Exercise Wellness Program at Yonemoto Physical Therapy. I hereby discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Yonemoto Physical Therapy Program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions of limitation to my participation.

I understand and agree that the goal of the Yonemoto Physical Therapy is to provide a safe program in an environment free from disruption or harassment. To this end, Yonemoto Physical Therapy reserves the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to Yonemoto Physical Therapy.

Print Participants Name

Participant's Signature

Date

Witness Signature

Date



Health History Form

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Age: _____

Sex: M F (circle one)

In Case of Emergency: _____

Name: _____

Relation: _____

Address: _____

Phone Number: _____

1. Are you currently under the care of a Physician, Chiropractor, or other health care professional for any reasons at this time? **YES** **NO**

If **YES**, what for and what physical restrictions do you have from your physician?

2. Are you taking any medication at this time? **YES** **NO**

If **YES**, please list them bellow:

3. Do you have any joint problems or have you had joint surgery/replacement? **YES** **NO**

If **YES**, what joint(s) and what physical restrictions do you have from your physician?

4. Do you have osteopenia or osteoporosis? **YES** **NO**
If **YES**, what physical restrictions do you have from your physician?

5. Do you have any back/neck or other pain? **YES** **NO**
If **YES**, what physical restrictions do you have from your physician?

6. Is there any other medical history we should know about that will affect your ability to perform the physical requirements of this Aquatic Exercise Wellness Program? **YES** **NO**
If **YES**, please explain:

7. Have you discussed your participation in this Aquatic Exercise Wellness Program with your physician? **YES** **NO**
Why or why not?

The above information is accurate and true to the best of my knowledge.

Participant's Signature

Date

Witness Signature

Date