

BENDIGO ARTHRITIS CLUB Inc.
DOCTOR'S APPROVAL FOR GENTLE WARM WATER EXERCISE

Patient's Name

AddressPOST CODE

Type of Arthritis / Musculoskeletal condition

Part/s of the body affected

Previous Joint Surgery

Any movements that should be avoided

Relevant medical conditions that pool leaders should be aware of e.g. Asthma / Angina / Epilepsy

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Medication that should be kept poolside

Relevant information that may assist in an emergency situation, e.g. Allergies

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PATIENT'S NAME:DATE OF BIRTH

I advise that my patient is able to participate in the Warm Water Exercise Program.

DOCTOR'S NAME

ADDRESSPOST CODE

TELEPHONE NUMBER

Drs SIGNATURE DATE

MEMBER'S EMERGENCY CONTACT DETAILS:

Name Relationship

Contact Number Mobile

PLEASE INDICATE YOUR WATER CONFIDENCE LEVEL, 1 being low – 10 being high (CIRCLE NUMBER)

1	2	3	4	5	6	7	8	9	10
Low			Medium				High		