



Aquatic Therapy

Location: Roosevelt Swim Center 125 Waterloo St, Rapid City, SD 57701

Cost: Please check the box that applies to you:

Patient does have an existing Roosevelt Swim Center Pass or has a Silver Sneakers Membership and will utilize this pass for entry into the swim center for their appointment. The patient will be responsible for other fees such as copay for your insurance plan that applies towards your deductible.

Patient does not have a Roosevelt Swim Center Pass or Silver Sneakers Membership and will be billed a \$5.00 fee to our office to cover Aquatic Center entry fee each time patient uses the pool along with other fees such as a copay for your insurance plan that applies towards your deductible.

Therapy Pool Waiver/ Consent:

1. You must shower before getting into the pool.
2. You must be changed and ready to enter the pool at your appointment time. Please arrive 10-20 minutes early depending on how long it will take you to shower and change.
3. Please wear a swimsuit, shorts with a dark T-shirt (and bra), wetsuit, or other approved attire in the pool.
4. Please bring an extra towel and/or robe for your comfort.
5. Shoes are recommended but not necessary.
6. I will notify Hansen Physical Therapy of any infections, illnesses, and hospitalizations prior to entering the pool.
7. I will notify the Physical Therapist if I feel faint, ill, uncomfortable, or in pain during the treatment session.
8. Please notify the therapist of any skin allergies related to the pool.
9. If you are unable to make it to your appointment on the scheduled day, please call 24 hours ahead of time. **If you no show, you will be charged \$40.00**

Swimming history:

How comfortable are you in the water? Good: _____ Fair: _____ Poor: _____

Do you have a fear of the water? YES: _____ NO: _____

If yes, to what extent and how is the fear expressed?

Are you independent in shallow water at chest depth? _____

Are you independent in deep water? _____

I voluntarily agree to participate in Aquatic Physical Therapy with Hansen Physical Therapy and I will abide by the pool rules and recommendations of the Physical Therapist. I understand that there are risks associated with aquatic therapy including, but not limited to, hypotension (decrease in blood pressure), and skin reactions to water, dizziness, falls, and drowning. Should any complications occur, I agree to the medical care required to correct the complication. I fully understand the risks and responsibilities of participating in the aquatic therapy program.

Patient Signature: _____ Date: _____

Patient Name: (Printed) _____

Under 18 years of age: Parent or Guardian Signature: _____ Date: _____ Parent or Guardian Name: (Printed) _____