

## Physician Consent Form

The Arthritis Foundation is collaborating with Atlas Physical Therapy to conduct the Arthritis Foundation Aquatic Program. This series of recreational warm water pool activities will be led by trained personnel. The Arthritis Foundation has approved this program. Your patient, (named below), has indicated an interest in participating in this program. In order for him or her to do so, we ask that you please fill out this form which he or she will return to us. The program consists of range-of-motion, muscle strengthening, and endurance-building activities. Persons with total joint replacements, multiple joint involvement, or moderate to severe joint involvement may require individualized instruction by a physical or occupational therapist. If your patient requires this instruction, you may want to refer him or her to a therapist prior to participation in the program.

### PART 1: For class applicant to complete

Name \_\_\_\_\_

I give permission to Dr. \_\_\_\_\_ to complete this  
AFAP Physician Consent Form.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### PART 2: For physician to complete

My patient, named above, is physically capable of participating in the aforementioned Arthritis Foundation Aquatic Program.

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Please print or stamp address here \_\_\_\_\_  
\_\_\_\_\_

