



PHYSICAL THERAPY

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Welcome to Orthopedic Rehab Specialists. We hope you find the Aquaciser a unique piece of equipment that can enhance your workout.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

ABOUT YOU:

Date of Birth: ____/____/____ Gender: ___ Male ___ Female
Last Name: _____ First Name: _____ MI: _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) ____-____ Cell Phone: (____) ____-____
Work Phone: (____) ____-____ Email Address: _____

EMERGENCY CONTACT INFORMATION:

Last Name: _____ First Name: _____ MI: _____
Relationship to you (circle one): Spouse | Parent | Child | Other Phone: (____) ____-____

INFORMATION ABOUT THIS SERVICE:

Hours of Operation: 8am-5pm Monday-Thursday, with the last appointment at 4:30pm, closed noon-1pm for lunch; 8am-12pm Friday; Appointments can be scheduled up to one week into the future.
Session Lengths: Each session is a total of 30 minutes including dress and aqua time.
No Show/Cancelled Appointments: Please call our office at least 24 hours prior to the appointment time to cancel. A fee of \$5 will be charged to you after the second occurrence of a no show/cancelled appointment with less than 24 hours notice.
Payment: Payment of \$25/session is required at the time of service. No exceptions.

IS THIS FOR YOU?

Do you have any open wounds or incisions? If so, this program is not for you. Although this water is drained and the equipment is cleaned on a regular basis, we cannot allow individuals to use this equipment when they have open wounds or incisions. Bathrooms and showers are available for your use. We require patrons to use the shower prior to entering the Aquaciser to remove lotions, deodorants and powders. You can expect one of our staff members to assist you into the Aquaciser, to set the controls to your liking and out of the Aquaciser at the end of your session. Please keep in mind that staff will not be available to monitor you while you are in the Aquaciser.

RELEASE:

By signing below, you acknowledge understanding of and agree to comply with the above information. Additionally, you agree to not hold Orthopedic Rehab Specialists responsible for any and all harm, liability or loss as a result of these services.

Signature _____ Printed Name _____ Date _____