

Community Integration Services

**Special Populations Registration
Private Aquatic Therapy Sessions**

Referred by

Name (student) _____

Date of Birth _____

Billing Address _____ City _____

Zip _____

Email address _____

Phone _____ Phone cell _____

Diagnosis _____

Cause: _____

Medical History (surgeries, allergies, medication)

Physician _____ Phone _____

Address _____ City _____ Zip _____

Insurance _____

Hospital of Preference _____

Leisure History (Previous swimming experiences, Group experiences,)

What are your goals for _____ during these aquatic
therapy sessions.

Mobility: (walks independently, balance issues, assistive devices, wheel chair, crutches, braces, gross motor skills)

How much assistance is needing in activities of daily living (toilet trained/continent, dressing, fine motor skills)

Cognition (communication, speech impairment, ability to follow verbal directions,)

Medical Release/Release of Liability

I give my permission for Harriet E. Ott of Community Integration Services to review the medical charts and/or for you to give her medical information relating to the medical needs of:

I release Community Integration Services and _____ (facility name) from any possible injury that may arise as a result of participating in this program. I hereby assume all risk of liability for injury, damage and other consequence. I waive the right to bring suit against "Community Integration Service," Holding them harmless from any and all claims. As a parent I cannot sign away the rights of my child, but I as a parent can sign away my right to a cause of action for my child

Participant Signature/Power of Attorney

date

Community Integration Services

Harriet E. Ott, ATRIC, CTRS

704 228th Ave NE #745

Sammamish, WA 98074

425-830-7746 / harrietott@Comcast.net

This agreement is made between _____
and Harriet E. Ott, Director of Community Integration Services for aquatic therapy
sessions at _____

Goal:

- To learn adaptive tools and techniques to swim safely in the water.
- To increase strength, mobility, and function through aquatic therapy sessions

Services provided

- Support services to be successful in leisure time activities.
- To teach aquatic skills to be independent in a community facility, while meeting rehabilitation goals.

Terms

Aquatic Therapist Fee: \$80.00/hour private (50 Minutes) / \$50.00 half hour session (25 minutes)

•Aquatic Specialist: \$75.00/hour private (50 minutes) / \$45.00 half hour session (25 minutes)

•Aquatic Aid/Instructor: \$60.00/hour private (50 Minutes) / \$38.00 half hour session (25 minutes)

- Billing will be on the 1st of each month

Payment due within 15 days. 10% late payment charged on bills 30 days over due
I prefer to receive payments through the mail. Staff do not have a good place to receive checks at the pool.

- Admissions fees to community facilities included

- Administration charge of (one time only) \$50.00.

This fee covers the cost of all your paper work, this would include collaborating with your other therapists by phone or sharing progress reports, research resources and progress notes to physician, therapists, schools as needed.

Cancellation policy

- Full credits are given when 24-hour cancellation is provided.
- No Credit is given with less then 24 hours cancellation notice.

Client/Guardian

date _____