

Community Integration Services

Registration for Individual Consultation

This is for people who are recovering from an injury or surgery, who want to work out at the pool on their own. The session will give you instructions for exercises that are specific to your goals for rehabilitation, recovery or fitness.

This may also be for care giver training.

Referred by

Name (client)-----

Billing Address-----

City----- Zip-----

Phone----- cell phone-----

Date of Birth----- Email address-----

Diagnosis-----

Cause:----- date of onset-----

Medical History (surgeries, allergies, medication)

Physician----- Phone-----

Address----- City----- Zip-----

What are your goals for these aquatic therapy sessions?

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 Bellevue Aquatic Center(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.

Name signature

Date of Birth

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 enter and be safely in the water.
- To increase strength, mobility, and function
- To provide an individual exercise workout sheet for use in the future.

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.
- To type up and provide the work out sheet.

Terms

- Fee of \$85.00/hour for first two sessions, includes laminated exercise sheet
- Payment due at time of service.
- Admissions fees to community facilities included

Cancellation policy

Please Give 24 hours notice if your schedule changes and you are not able to make the arranged appointment

_____ date _____
Client/Guardian

_____ date _____
Harriet E. Ott, ATRIC, CTRS