



Easterseals Rehabilitation Center  
3701 Bellemeade Avenue  
Evansville, IN 47714  
Therapeutic Pool 812.474.2365

## Health History for Therapeutic Pool Programs

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Please check if you have any of the following:**

- Hypertension
- Smoking habits
- Obesity
- Family history of heart disease
- Atherosclerosis
- Diabetes
- Excessive stress
- Heart problems
- Chronic pain
- Advice from physician NOT to exercise
- Difficulty exercising
- Muscle, back, or joint disorder
- Lung problems, asthma, or allergies
- Arthritis or other joint problems

**What is your current activity level?**

- Sedentary
- Moderately active
- Extremely active

**Has your doctor completed the medical release form (attached)?** \_\_\_\_\_

**Please list any medications you are currently taking** \_\_\_\_\_

**Please list any medical problems/diagnosis that we need to be aware of** \_\_\_\_\_

**Please list any known allergies** \_\_\_\_\_



Easterseals Rehabilitation Center  
3701 Bellemeade Avenue  
Evansville, IN 47714  
Therapeutic Pool 812.474.2365

**MEDICAL RELEASE**  
**for Easterseals Rehabilitation Center Therapeutic Pool Programs**

Your patient, \_\_\_\_\_, has applied to participate in class/program \_\_\_\_\_.

The program meets \_\_\_\_\_ times per week for \_\_\_\_\_ minutes. It is of moderate intensity and low impact.

Please list any medications that your patient is currently taking and how they will affect heart rate response \_\_\_\_\_

Please list any modifications, restrictions, or recommendations for your patient's program \_\_\_\_\_

Please list any special concerns you might have regarding the patient \_\_\_\_\_

Please list the target heart rate or general exercise intensity level at which this patient should exercise \_\_\_\_\_

**Please note** that our pool is a heated, humid environment. The water temperature is set at 93-94 degrees Fahrenheit. Certain medications are not recommended and may cause complications. Pool participants must be able to exercise in the water, dress, shower, etc. without assistance from pool staff. If you approve your patient's participation in this pool program, please sign and date below.

Thank you.  
Easterseals Rehabilitation Center Pool Manager

**Physician's signature** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Date** \_\_\_\_\_