



Creating solutions, changing lives.

**PRESCRIPTION FOR WARM WATER THERAPY SERVICES  
EASTER SEALS SUPERIOR CALIFORNIA**

SACRAMENTO CENTER  
3205 Hurley Way  
Sacramento, CA 95864  
(916) 485-6711 (916) 485-2653 Fax

CLIENT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ICD-10-CM: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

**INDEPENDENT POOL EXERCISE**

92° Therapeutic Pool

Type of Independent Water Exercises (Please Check)

- Ambulation
- Arthritis
- Trunk Exercises
- Swimming
- Water Aerobics
- Lower Extremity Range of Motion Exercises
- Continue Current Aquatic Exercise Program
- Weight Loss
- Other: \_\_\_\_\_

Precautions: \_\_\_\_\_

**All individuals using the Pool must be FULLY CONTINENT.  
No use of oxygen device in or near the pool at anytime**

Print Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescription expires one year from date shown, unless otherwise noted by physician**