



GREENVILLE HEALTH SYSTEM

LIFE CENTER ARTHRITIS FOUNDATION AQUATIC PROGRAM (LFAFAP)

PHYSICIAN RELEASE FORM

Note to Doctor

The arthritis foundation is collaborating with the Life Center, Greenville Hospital System University Medical Center to conduct the Arthritis Foundation Aquatic Program. The series of recreational warm-water pool activities will be led by trained personnel and will cover a period of six (6) weeks. The program has been approved by the Arthritis Foundation South Carolina Chapter's Medical and Scientific Community.

Your patient, (named below), has indicated an interest in participating in this program. In order to him or her to do so, we ask that you fill out this form which he or she will return to us.

The program consists of range of motion, muscle strengthening and endurance-building activities. Persons with total joint replacements, multiple joint involvement , or moderate to severe joint involvement may require individualized instruction by a physical or occupational therapist. If your patient requires this instruction, you may want to refer him or her to a therapist prior to participation in this program.

For Class applicant to complete

1. Print Name _____
2. I give permission to Dr. _____ to complete this LCAFAP Physician Information Form.

Signature

Date

For Physician to complete

1. My patient, named above, has the following diagnosis (type of arthritis/rheumatic disease) _____
2. Please indicate if there are any special precautions or reasons why this patient limit his/her participation or any reasons why, in your opinion, this patient should not participate in the LCSFAP.

Signature of Physician _____ Date _____

Please Print Physician Name _____

Physician's Phone Number: _____ Fax: _____

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