

## Diagnosis Verification Form

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### Arthritis Foundation YMCA Aquatic Program (AFYAP) Diagnosis Verification Form

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Note to the Doctor:

The Arthritis Foundation is collaborating with the Washington County Board of Developmental Disabilities to conduct the Arthritis Foundation Aquatic Program. The series of recreational warm-water pool activities will cover a period of twelve classes per session. This program has been approved by the Arthritis Foundation Chapter's Medical and Scientific Committee.

Your patient, (named below), has indicated an interest in participating in this program. In order for him or her to do so, we ask that you please 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. Pool water is at a consistent 93°. Persons with total joint replacement, 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 the program.

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**Part I:** For class applicant to complete:

1. Print name \_\_\_\_\_
2. I give permission to Dr. \_\_\_\_\_ to complete this AFYAP Diagnosis Verification Form.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
Date

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**Part II:** For Physician to complete:

1. My patient, named above has the following type of arthritis/rheumatic disease:

\_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
Date

Please print or stamp address here:

\_\_\_\_\_

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