



Provider Pool Letter

This form is valid for up to 2 years.

Dear Dr. _____,

Your patient, _____, would like to enroll in an aquatics exercise class/independent exercise in our heated pool at Mills-Peninsula Medical Center.

The temperature of the swimming pool is approximately **92°**.

Is this patient independent and safe to enter and exit the pool (we have a ramp), walk on the pool deck, and use the showers/locker rooms independently?

Yes No

Are there any medical contraindications or restrictions to water exercises?

Yes No

Does your patient have any medications that emergency personnel should be aware of?

Medications: _____

Treating Physician (please print legibly): _____

Physician Phone: _____

Physician's Signature: _____ Date: _____ NPI # _____

Doctor's Address _____

If you would like to fax this to us, please fax at 650-696-4485. If you have any questions, please call us at 650-696-4319.

Our address is:
100 S. San Mateo Dr.
San Mateo, CA 94401

Thank you very much.

PLEASE NOTE, THIS IS NOT A PRESCRIPTION FOR PHYSICAL THERAPY.