



**Kernes Adaptive Aquatics**  
 Josephine Kernes Memorial Pool  
 15 Portola Avenue, Monterey, CA 93940  
 Office: (831) 372-1240 Fax: (831) 372-3140  
 www.KernesPool.org

## Healthcare Provider Referral Form

**This form must be completed by your healthcare professional in order to participate in the program.**

Your patient is considering taking part in aquatic exercise at the Josephine Kernes Memorial Pool (JKMP). JKMP provides adaptive aquatic exercise and instruction that is individualized for each person's condition and needs. The staff is trained in adapted aquatics, arthritis aquatics, and hold Lifeguard, CPR, AED, and First Aid Certifications. The facility consists of a 16'x30' indoor pool with a water temperature of 90° - 92°. A lift is available to assist non-ambulatory individuals in and out of the pool.

*I give permission for the information requested below to be given to Kernes Adaptive Aquatics so that I may participate in their aquatic exercise programs.*

\_\_\_\_\_  
 (PRINT Patient/Participant's Name)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Patient/Participant's Signature (If for a minor, parent's signature required)

\_\_\_\_\_  
 Date

### Section below to be completed by Physician

Information for each section below is required by the physician. (N/A where not applicable)

<b>Diagnoses and Conditions:</b> (List conditions we should be aware of in working with your patient)
<b>Are there specific activities you would recommend for your patient?</b>
<b>Are there any activities contraindicated for your patient?</b> (This information is <u>required</u> for the safety and well-being of your patient)

The patient named above has my approval to participate in the adaptive aquatic exercise and instruction program at the Josephine Kernes Memorial Pool.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Physician's Name

\_\_\_\_\_  
 Office Phone

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 FAX