*** Garner and Riley Community Wellness Program***

***623 Hwy 71 West Suite 100 Bastrop TX, 78602 ~ (512)321-9659 ~ garnerrileypt.com***

Welcome to GARNER & RILEY PHYSICAL THERAPY’s Community Wellness program! This program is for those clients wishing to continue independent exercise after they have been discharged from formal therapy or for those wishing to improve and maintain their physical fitness using our facility. This is open to our patients as well as the general public.

**HOURS**

The Community Wellness Program is available during the following hours.

|  |  |
| --- | --- |
| **Monday** | **6:00 am – 6:30 pm** |
| **Tuesday** | **6:00 am – 6:30 pm** |
| **Wednesday** | **6:00 am - 5:00 pm** |
| **Thursday** | **6:00 am – 6:30 pm** |
| **Friday** | **6:00 am – 11:30 am** |

HOW IT WORKS

Please fill out all attached paperwork and return it to the office staff on your first visit. You will need to complete a consultation before you begin. You will be issued a keycard with your initial sign-up and payment. SIGNING IN IS MANDATORY BEFORE BEGINNING EXERCISE IN THE GYM OR POOL AREAS. You may sign in by scanning your keycard or by logging in with your assigned username and password at the sign in kiosk.

After you have signed in you may use any available equipment or aquatic area to complete your workout. Please note that if a therapist requires equipment in order to complete an active patient’s therapy, you may be asked to defer your right to that piece of equipment. In the aquatic area the small pool is for active therapy patients only. Please do not enter this pool unless instructed by a staff member. If during your visit you require assistance with the equipment or have any questions please ask one of our fitness staff members for help.

This is an unsupervised wellness program. If you have any questions or concerns about performing exercises on your own, please consult with your physician.

Below are the memberships and discounts we offer. Please notify a staff member as to which memberships you are interested in and which discounts may apply to you.

|  |  |  |
| --- | --- | --- |
| **Monthly Memberships** | **Annual**  **Packages** | **Punch**  **cards** |
| Gym only  $55 | Gym only  $500/year | $30 for 5 visits of Pool or Gym |
| Gym + 3 visits in pool weekly  $ 65 | Gym +3 visits in pool weekly  $600 | $55 for 10 visits of Pool or Gym |

**Available Discounts**

\* 50% discount for the first six months on full membership prices for physical therapy patients discharged in the last 30 days. This discount can only be used on one membership if multiple memberships purchased.

\* 25% discount on full membership price for any additional family members if purchased in addition to an already active client’s membership.

\*25% discount on annual packages for discharged patients if purchased within the first month of discharge.

\* 10% discount for seniors 65+. This discount cannot be combined with any other discount.

\*10% discount for active and retired military, fire fighter, or police personnel. This cannot be combined with any other discount.

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Monthly memberships can be purchased month to month or in advance. Annual memberships run yearly from date of purchase. Both of these memberships DO EXPIRE and cannot be extended if unused. Punch card memberships do not expire, and each unused visit is good for one trip to the facility where you can use the gym, pool area, or both. Because of these conditions, all memberships are non-refundable.

**Garner & Riley Physical Therapy has the right to refuse service to anyone.**

If you are interested in joining the Community Wellness Program please consult a staff member to set up a time for your consultation. Please fill out all attached paperwork and return it to a staff member upon arriving for your consultation.

**Client Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family members interested in joining our gym**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Assessment**

*Please mark all statements that apply*

**History**

*You have had:*

|  |  |
| --- | --- |
|  | A heart attack |
|  | Heart surgery |
|  | Cardiac catheterization |
|  | Coronary angioplasty (PTCA) |
|  | Pacemaker or implantable cardiac defibrillator |
|  | Heart rhythm disturbance |
|  | Heart valve disease |
|  | Heart failure |
|  | Heart transplant |
|  | Congenital heart disease |

**Symptoms**

|  |  |
| --- | --- |
|  | You experience chest discomfort with exertion |
|  | You experience unreasonable shortness of breath |
|  | You experience dizziness, fainting, or shortness of breath |

**Other health issues**

|  |  |
| --- | --- |
|  | You have diabetes |
|  | You have asthma or other lung disease |
|  | You have a burning or cramping sensation in your lower legs when walking short distances |
|  | You have musculoskeletal problems that limit your physical activity |
|  | You have concerns about the safety of participating in exercise |
|  | You take prescription medications |
|  | You take heart medications |
|  | You are pregnant |

|  |  |
| --- | --- |
|  | You are a man over the age of 45 |
|  | You are a woman over the age of 55, have had a hysterectomy, or are postmenopausal |
|  | You smoke or have quit within the previous 6 months |
|  | You have high blood pressure |
|  | You take blood pressure medication |
|  | Your blood cholesterol is above 200 mg/dL |
|  | You do not know your blood cholesterol level |
|  | You have an immediate relative that has had a heart attack or heart surgery before age 55 (male) or 65 (female) |
|  | You are physically inactive (you get less than 30 minutes of physical activity on at least 3 days/week |
|  | You are greater than 20 lbs overweight |

Do you have pain, or have you injured any of the following areas?

\_\_\_Neck \_\_\_ Shoulder R/L \_\_\_Upper Back \_\_\_Lower Back

\_\_\_Elbow \_\_\_Wrist \_\_\_Hip R/L \_\_\_Knee R/L \_\_\_Ankle R/L

If so, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any prior/existing medical conditions or surgeries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications you are currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Wellness Waiver

-Gym and Aquatic-

I, the undersigned, am aware of my own health and physical condition. I understand that my participation in the Community Wellness Program and using both the gym and pool facilities and equipment may cause injury. I recognize and acknowledge that there are always certain risks associated with physical activity, using exercise equipment, entering pools, and entering the pool area and that there are certain risk of physical injury while participating in these programs. These risks can include but are not limited to certain common skin conditions that may be caused by exposure to pool chemicals or cleaning solutions. I understand that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise do exist. These changes include abnormal blood pressure; fainting; disorders such as abnormal heart beat; heart attack; and, in rare instances, death.

**OUR POOL TEMPERATURE IS MAINTAINED between 90-92° F.** Individuals with conditions such as multiple sclerosis, obesity, deep vein thrombosis, stroke, and individuals over the age of 55 are not recommended to exercise in this temperature range without direct therapist supervision. Additionally, vigorous or sustained aerobic activity in the pool at this temperature increases your risk of overheating. Please be aware of the signs of overheating include, but are not limited to, headache, nausea, weakness, dizziness, fainting, and muscle cramps. Individuals with a history of seizures should wear sunglasses, as reflections from the pool may induce seizure activity. If you have any questions about your ability to participate in an aquatic exercise program please talk to your doctor.

I acknowledge that this program is unsupervised and that I may discontinue activity at any time. I understand these risks and declare myself physically sound and capable to participate in the programs offered by Garner & Riley Physical Therapy. If I have chosen not to obtain a physician’s permission to participate in an exercise program, I HEREBY AGREE THAT I AM DOING SO AT MY OWN RISK. I acknowledge that it is MY responsibility to notify a staff member if my medical status changes.

In consideration of the service provided I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to HOLD GARNER AND RILEY PHYSICAL THERAPY and their respective staff liable for, and will not pursue litigation for any claims including personal injury, accidents or illness (including death) and/or property loss arising from or relating to participating in the Community Wellness Program.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE. I FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT THAT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST GARNER AND RILEY PT STAFF AND FACILITIES FOR DAMAGE TO MY PERSON OR PROPERTY.

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AQUATIC PROGRAM RISKS, RULES, AND PROCEDURES

Your safety and well-being is important to us. Our rules are in place to ensure that our facility operates in the most efficient and safest manner possible. THESE GUIDELINES ARE IN PLACE TO PROTECT YOU AS WELL AS OTHER PARTICIPANTS. Violation of these rules may result in forfeiture of pool access. If, for any reason, the pool and surrounding areas are compromised due to your negligence in following the guidelines or providing an accurate medical history, YOU WILL BE HELD LIABLE FOR THE EXPENSE OF DRAINING AND DISINFECTING THE AQUATIC FACILTY

IF ANY OF THE FOLLOWING ARE IN YOUR MEDICAL HISTORY YOU MAY NOT PARTICIPATE IN THE AQUATIC PROGRAM.

* Open wounds
* Urinary or bowel incontinence
* Infections with antibiotic treatment less than 5 days
* Eczema
* Advanced kidney disease or current dialysis treatments
* Unstable blood pressure, high or low
* Perforated eardrum
* Recent radiation treatment.
* -Please initial here that you have read the above medical conditions and have notified a staff member if they exist in your medical record.

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Listed below are the rules and regulations of the Aquatic Program. Again, violation of the rules may result in forfeiture of pool access. Please read the following instructions prior to your first visit. Please initial by each paragraph to indicate that you have read and understood each point.

* Please be aware that assistance entering and exiting the pool/changing areas WILL NOT be provided. Community patients are required to provide their own assistance if required. There are 6 steps in order to enter/exit the pool. If you are not able to ascend/descend 6 steps, please consult a staff member.
* THERE IS NO LIFEGUARD ON DUTY. Community aquatic exercise is unsupervised. If you are uncomfortable with exercising without supervision, then please discuss the possibility of participating in physical therapy as a formal patient.
* The **maximum** capacity of the pool is **6** people. You must wait for someone to exit the pool if the maximum capacity is met. There are chairs and benches in the changing area for you to wait.
* Total pool time is limited to 90 minutes in order to accommodate our other members. This includes any scheduled treadmill times.
* If you bring your own amenities (lotion, shampoo, extra clothing, etc.) please do not leave them. All items left behind will be put in lost and found. If items are not claimed they will be discarded.
* You must remove street shoes prior to entering the pool area. “Aqua Shoes” (shoes specifically designed to be worn on the pool deck and in the water) are acceptable and encouraged.
* NO ONE should enter the water if they have ANY open wound. Any scabs, cuts or other wounds must be covered with an acceptable waterproof covering which can be purchased from a staff member. Band-Aids, Bunion pads, or any other non-approved adhesive covering is prohibited.
* All community pool patients must shower and rinse off all lotions, perfumes, detergents, etc. from themselves and their clothing prior to their entrance to the pool.
* Treadmill time MUST BE SCHEDULED IN ADVANCE. Treadmill use is limited to your designated time slot only. If you are late you must still exit the treadmill at the designated time. Please exit the treadmill in a timely fashion in order to not interfere with other community member’s time slots.
* If you fail to attend a scheduled appointment without prior notice your future time slots may be forfeited. Failing to sign in correctly for your scheduled time is considered a missed appointment.
* Please make sure to wear appropriate swim attire. If you do not have a swimsuit, please wear dark colored shorts and shirt with a hemmed edge. “Cut-off” or fringed clothing will not be permitted.
* Towels and towel laundry service are NOT provided. Please bring your own. We provide plastic bags in order to transport wet clothes and towels.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name here) have read and agree to the terms and conditions of participating in exercise at GARNER AND RILEY PHYSICAL THERAPY CLINIC. By signing below, you are stating that you have none of these medical conditions and you agree to the rules, procedures, and risks of participation in the Aquatic Program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_