

Aquatic Arthritis Foundation Program

STUDENT CONSULTATION AND INTAKE FORM

STUDENT INTAKE FORM

The purpose of this intake form is to understand the needs of students in the Aquatic Arthritis Foundation program. This form is designed to be filled out and returned prior to the beginning of the program.

Date:		Student ID (filled out by YMCA):				
Student Name:		Birth Date:				
	ergency ntact Name:					
Contact Phone:		Contact Email:				
GO	ALS					
	at, if any, speci gram (check al	ific goals do you have for the student in the Aquatic Arthritis Foundation				
	Physical: strength, endurance, balance, motor skill development (please specify below)					
	Other (please	specify below)				
HI	STORY					
Has	Has the student been involved in any Aquatic Arthritis program/ therapy in the past? □ Yes					
	No					
	If yes, please	describe:				

Has the student been involved in aquatic programs at another YMCA or through another organization?							
□ Yes							
□ No							
If yes, what organization and what type of program?							
·	_						
Is the student fearful of the water? The pool program will be held in the 4ft section of the pool. ☐ Yes							
□ No							
AREAS OF SUPPORT							
Medical Needs							
Does the student have any medical or physical restrictions?							
	_						
Are there any medical concerns we should be aware of?							
Are there any medical concerns we should be aware or:							
	-						
How will the student enter the pool?							
☐ Independently using the steps							
☐ With assistance from another person/ chairlift							
Does the student have difficulty with any of the following (check all that apply)?							
Physical ☐ Gait ☐ Balance ☐ Coordination ☐ Strength ☐ Endurance							
-							
☐ Range of motion							
Check how the student identifies in the following areas (check all that apply):							
Vision							
☐ No significant vision impairment ☐ Can see light/shadows ☐ Legally blind							

Hearing								
☐ No significant h	earing impairment	☐ Mild loss	☐ Moderate/severe loss					
□ Deaf								
Speech/Communication								
☐ Verbal	☐ Nonverbal	☐ Sign language						
Will the student use exercise/instructional equipment (pool noodle, float belt, barbells, etc.)?								
□ Yes								
□ No								
☐ Unsure								
Additional comments:								