

SPORTS PASS CHECK LIST

[] General Psychiatry Division Name: _____

[] Whiting Forensic Division

[] Addiction Services Division MPI#: _____ *Print or Addressograph Imprint*

Unit: _____

Treating Diagnosis: _____

Major Limitation/Special Instructions for Adaptive & Assistive Equipment:

Recommendations:

Activity	Yes	No	Explanation
Aerobics – Seated			
Aerobics – Standing			
Badminton			
Basketball			
Elliptical Machine			
Exercise Bicycle			
Free Weights			
Health Walk/ Hiking			
Hula Hoop			
Rower			
Softball			
Stair Stepper			
Swimming			
Tennis			
Treadmill			
Volleyball			
Water Sports			
Stairs			
Yoga/Tai Chi			

Physical Medicine Consultation Requested: [] Yes [] No

Patient Instructed on Restrictions [] Yes [] No

Patient Voices/Demonstrated Understanding [] Yes [] No

Patient Signature: _____

Signature/ Printed Name of Physical Therapist_____
Date