



Special Needs Foundation of Des Moines County  
829 Harrison Ave. Burlington, IA 52601  
Phone: (319) 752-8222

**\*\*\*\*\*PHYSICIAN'S AUTHORIZATION FOR AQUATIC  
THERAPY\*\*\*\*\*  
(TO BE COMPLETED BY PHYSICIAN ONLY)**

**The Special Needs Foundation Aquatic Committee grants financial assistance to individuals who are physically disabled and would benefit from aquatic therapy on a regular basis. Please describe the patient's disabilities and how he or she would benefit from aquatic therapy. \***

**How often do you recommend the applicant attend?**

**Number Of Months**

OR

**Indefinitely?**

Yes

No

**Physician Name**

First Name

Last Name

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number

**Physician  
Signature:**

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**Date**

Month Day Year

**\*If the patient has a chronic or long-term condition, the physician will need to initial and date annually. \***