

Wellness Maintenance Treatment Agreement Individual Plan / Consent Form

Resident:	Room:
Physician:	· · · · · · · · · · · · · · · · · · ·
*	
Initial Goals:	Initial Treatment Plan:
Senior Fitness Test and Follow-Up - Complimentary	To get baseline and monitor change
Wellness Services to be provided:	
Complimentary wellness services including Senior	Fitness Test and follow-up,
Client Referred By:	
Therapist/Wellness Professional Establishing the	e Plan:
Responsible Party:	
Relationship:	
Address City	State Zip Code
Home Phone Cell Phone	Work Phone
In consideration for being allowed to participate	e in the Select Rehabilitation Wellness Program,
l agree to assume the risk of such exercise. I fur	
	or agents who supervise the exercise as well as
Silverado Belmont Hills Care Community	
Rehabilitation, LLC from any and all claims, suits	s, losses, or related causes of action for
damages, including, but not limited to, such clai	ms that may result from my injury or death,
accidental or otherwise, during, or arising in an	y way from the Select Rehabilitation Wellness
program.	
Signature of Client/Responsible Party	
	Date
Signature of Witness	
	Date