Name: Click or tap here to enter text. DOB: Click or tap here to enter text.

Address: Click or tap here to enter text. Contact number: Click or tap here to enter text.

Email: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Fear of water** | None [ ]  | Mild [ ]  | Severe [ ]  |
| **Mobility** | Independent [ ]  | With walking aid/s [ ]  | Wheelchair user [ ]  |
| **Weight-bearing status** | Full [ ]  | Partial [ ]  | Non [ ]  |
| **Transfers** | Independent [ ]  | With assistance [ ]  | Fully dependent [ ]  |
| **Personal care (eg. dressing)** | Independent [ ]  | With assistance [ ]  | Fully dependent [ ]  |
| **Method of pool entry and exit** | Steps [ ]  | Chair Hoist [ ]  | Plinth Hoist [ ]  | Sling Hoist [ ]  | Other Click or tap here to enter text. |
|  |
| **Contraindications***(Aquatic physiotherapy not to be considered)* | **No** | **Yes** | **Further Information** |
| Diarrhoea and vomiting (a minimum of 48 hours clearance after last episode of diarrhoea / vomiting) |[ ] [ ]  Click or tap here to enter text. |
| Medical instability following an acute episode, eg. MI, CVA, DVT, PE, Status Asthmaticus (medical clearance recommended) |[ ] [ ]  Click or tap here to enter text. |
| Uncontrolled Cardiac Failure (symptoms: progressive worsening of exercise tolerance, or shortness of breath at rest over previous 3-5 days, or nocturnal paroxysmal dyspnoea) |[ ] [ ]  Click or tap here to enter text. |
| Unstable Angina (symptoms: prolonged > 20 mins angina at rest, new onset, increased frequency, might not respond to GTN) |[ ] [ ]  Click or tap here to enter text. |
| Uncontrolled medical condition eg. epilepsy and diabetes with no medical management plan |[ ] [ ]  Click or tap here to enter text. |
| Acute systemic illness with associated pyrexia (> 38°C) (TB, flu or viral infection) (minimum of 24 hrs of non-raised temperature) |[ ] [ ]  Click or tap here to enter text. |
| Weight in excess of evacuation manual handling risk assessment (26 stone / 165 kg) |[ ] [ ]  Click or tap here to enter text. |
|  **Continue next page**  |
| **Precautions**(This is not an exhaustive list. These are to be aware of and managed appropriately. They should not prevent aquatic physiotherapy.) | **No** | **Yes** | **Further Information** |
| Compromised immune system |[ ] [ ]  Click or tap here to enter text. |
| Impaired skin integrity eg. open wounds, radiotherapy, altered sensation |[ ] [ ]  Click or tap here to enter text. |
| Incontinence (urinary and faecal) |[ ] [ ]  Click or tap here to enter text. |
| Behavioural problems |[ ] [ ]  Click or tap here to enter text. |
| Uncontrolled blood pressure  |[ ] [ ]  Click or tap here to enter text. |
| Invasive lines / tubes eg. P.E.G, IV, catheters, Central and PIC lines |[ ] [ ]  Click or tap here to enter text. |
| Widespread MRSA |[ ] [ ]  Click or tap here to enter text. |
| Impaired vision or hearing |[ ] [ ]  Click or tap here to enter text. |
| Pregnancy (if the pool water exceeds 35°C this would be an absolute contraindication) |[ ] [ ]  Click or tap here to enter text. |
| Transdermal patches |[ ] [ ]  Click or tap here to enter text. |
| Other |[ ] [ ]  Click or tap here to enter text. |

If any of the above have been ticked YES discuss with the aquatic physiotherapist for clarification of suitability for treatment in a hydrotherapy pool.

Form completed by:

Full name: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Internal Use Reviewed by Aquatic Physiotherapist:

Name: Choose an item.

Date: Click or tap to enter a date.

Signature:

 