

Hydrotherapy Assessment



bellbird
SPORTS & SPINAL

Name _____

Date of Birth _____

This form enables your physiotherapist to assess your fitness for hydrotherapy.

MEDICAL STATUS

Please tick YES or NO whether you have ever had any of the following conditions: If you are unsure of any of these questions, please ask your physiotherapist.

	Yes	No	Comment
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung condition (eg asthma, cystic fibrosis)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acute inflammatory condition (eg: rheumatoid arthritis)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/seizures/fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open wounds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tinea or warts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin condition (eg: eczema, psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a contagious disease (eg: measles, chicken pox, mumps)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear condition (eg: perforated eardrum or deaf)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Incontinent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have medication that you may need urgently (eg for angina or asthma)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you confident in the water?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you require help with dressing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use a walking aid?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physiotherapist to complete the following

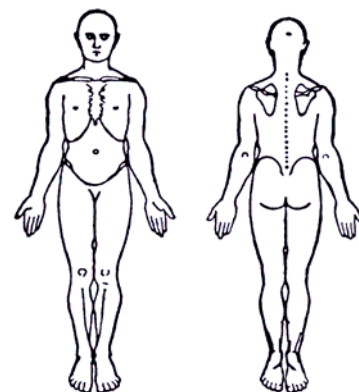
Condition:

W/C TAC

Precautions:

Goals:

In room reviews:



_____/_____/_____
Signature

Status updates: