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Private Aquatic Physiotherapy based at Teddington Hydrotherapy Pool
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AQUATIC THERAPY REFERRAL FORM

Client Name :

Date of Birth :

Address :

Tel. Number : (h)
(m)

Client GP/Consultant :

Email address :

Name of Insurance Co :

Self payer Y/N

History of Present Condition :

Past Medical History :

Social History :

Drug History :

Aims of Aquatic Therapy :

1.

2.

Objective Marker e.g ROM, functional activity

1.

2.

Subjective Marker e.g pain score

1.

2.

AQUATIC THERAPY HEALTH SCREEN

Name : Date of Birth : Date :

ABSOLUTE CONTRAINDICATIONS	Y/N	DETAILS
Acute vomiting or diarrhoea		
Medical instability following an acute episode e.g CVA, DVT, Status asthmaticus		
Chlorine sensitivity		
Resting angina		
Shortness of breath at rest		
Uncontrolled cardiac failure / paroxysmal nocturnal dyspnoea		
Weight in excess of 178kg/28 stone		
RELATIVE CONTRAINDICATIONS	Y/N	DETAILS
Acute systemic illness / pyrexia		
Recent radiotherapy treatment (3/12)		
Known aneurism		
Open infected wound		
Poorly controlled epilepsy		
Unstable diabetes		
Weight in excess of 152kg/24 stone		
PRECAUTIONS	Y/N	DETAILS
Fear of water		
Incontinence of urine/faeces		
Epilepsy		
Hypotension		
Renal Failure		
Poor wound integrity/open/surgical wound		
Pregnant if water temp. ≥ 35°		
Any other relevant information		

Patient consent to Hydrotherapy? Y/N

Signature : Date :

Referring Practitioner

Name : Tel. No.

Contact Details :

Signature :

For office use only :

MYMOP Score Pre Treatment : Post Treatment :