Tamsyn Burchell 07958 470797 / Emma Peppiatt 07726 350822
Private Aquatic Physiotherapy based at Teddington Hydrotherapy Pool
71 Teddington Park Road, Teddington, TW11 8NB
Email admin@h2ophysio.co.uk

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		
Proven Chlorine allergy		
Uncontrolled/Resting angina		
Shortness of breath at rest		
Uncontrolled cardiac failure / paroxysmal nocturnal dyspnoea		
Neutropenia		
Open infected wound		
Weight in excess of 140kg/22 stone		
RELATIVE CONTRAINDICATIONS	Y/N	DETAILS
Acute systemic illness / pyrexia		
Recent radiotherapy/chemotherapy treatment (3/12)		
Known aneurysm		
Poorly controlled epilepsy		
Unstable diabetes		
PRECAUTIONS	Y/N	DETAILS
Fear of water		
Skin conditions/eczema/chlorine sensitivity/verruca		
Reduced vital capacity		
Incontinence of urine/faeces		
Epilepsy		
Hypotension		
Renal failure/kidney pathology		
Poor skin integrity/open wound/surgical wound		
Pregnancy (if water temp. ≥ 35°C)		
Impaired hearing/vision		
Any other relevant information		

Referring Practitioner

Name: Tel. No.

Contact Details:

Signature:

For office use only:

MYMOP Score *Pre treatment:* *Post treatment:*