

Hydrotherapy Medical Clearance and Consent Form

Client Details

Given Name: _____ Surname: _____
Address: _____
Home Phone: _____ Date of Birth: _____

Swimming Ability

Good ☐ Moderate ☐ Poor ☐

Afraid of water: Yes ☐ No ☐

Information for Doctors

The pool is approximately 35°C. Immersion in this water should not increase core temperature under normal circumstances. If your client is affected by any of the following contraindications, they are not suitable for hydrotherapy.

Contraindications:

- Uncontrolled epilepsy
- Uncontrolled diabetes
- Unstable heart conditions or severe cardiac failure
- Unstable blood pressure - severe postural hypotension or controlled hypertension
- Open wounds/ulcers

Relative contraindications:

- Incontinence (dependent upon personal management strategies)
- Active infectious skin conditions such as herpes simplex, tinea and planter warts
- Acute infection/fever
- Renal failure - there is an increase in glomerular load due to the increased cardiac output resulting from immersion
- Respiratory problems - there is an increased rate of breathing with immersion which may impact those with respiratory muscle weakness or very low vital capacity (FEV1 less than 35% of the expected level should be considered at risk)
- Pregnancy - if pool temperature is at 34°C or above, vigorous exercise and a long session should be avoided due to risk of increased foetal temperature
- Sensitivity to chlorine/bromine

Checklist for Precautions

Does your client have any of the following conditions:

Note: Only contraindicated if uncontrolled. Please note management strategies where appropriate.

Yes	No	Condition	Details
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition (angina, medications)	
<input type="checkbox"/>	<input type="checkbox"/>	Uncontrolled blood pressure (high or low)	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy (Uncontrolled)	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (Uncontrolled)	
<input type="checkbox"/>	<input type="checkbox"/>	Swallowing problems	
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory conditions (shortness of breath, asthma)	
<input type="checkbox"/>	<input type="checkbox"/>	Peripheral Vascular Disease	
<input type="checkbox"/>	<input type="checkbox"/>	Integrity of skin (broken, ulcers, dressings)	
<input type="checkbox"/>	<input type="checkbox"/>	Skin conditions (tinea, plantar warts, allergies)	
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent ear infections or grommets	
<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Difficulties (aides)	
<input type="checkbox"/>	<input type="checkbox"/>	Acute inflammatory conditions (rheumatoid arthritis)	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer (Radiation/chemotherapy)	
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary tract infections (incontinence, catheter)	
<input type="checkbox"/>	<input type="checkbox"/>	Bowel problems (faecal incontinence, colostomy, diarrhea)	
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	
<input type="checkbox"/>	<input type="checkbox"/>	Previous surgery	
<input type="checkbox"/>	<input type="checkbox"/>	Haemophilia	
<input type="checkbox"/>	<input type="checkbox"/>	Contagious diseases (Measles, flu)	
<input type="checkbox"/>	<input type="checkbox"/>	Contagious diseases (Hepatitis, AIDS)	
<input type="checkbox"/>	<input type="checkbox"/>	Lymphoedema	
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Cord Lesion	
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Condition	

List details of any medications

Consent

☐ I have, to the best of my knowledge, given an accurate representation of my client's medical condition/s, swimming ability and water safety and have made a note of any conditions that the treating physiotherapist will need to be aware of

☐ There are no current medical issues to prevent commencement of a supervised water exercise program in a hydrotherapy pool (approx. 35 degrees Celsius) with a physiotherapist

☐ I agree to advise my client's NOK/physiotherapist/case manager if any of the above circumstances change in any way. This is essential as this may change the precautions required or make entry to the pool inappropriate at times.

General Practitioner

Name: _____

Provider Number: _____

Clinic Address: _____

Clinic Phone: _____ Clinic Fax: _____

Signature: _____ Date: _____