

# MontroseAccess

## Medical Form for Aquatic Physiotherapy

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**This form is to be completed by the user, if possible, with help from their doctor if needed.**

**The form is to be signed by user/carer & doctor.**

**User Details:**

SURNAME: ..... Title: .....

Given Names: ..... DOB: .....

Address: ..... Postcode: .....

Phone (W) ..... (H) ..... Mobile: .....

Emergency Contact ..... Relationship: ..... Phone: .....

Doctor (G.P.) ..... Address / Phone : .....

Specialist (for this condition): .....

Physiotherapist: .....

**CHECKLIST FOR PRECAUTIONS AND CONTRA-INDICATIONS:**

Yes	No	Examples given, comment as necessary
[ ]	[ ]	Heart condition (angina, medication) .....
[ ]	[ ]	Uncontrolled blood pressure (high or low) .....
[ ]	[ ]	Epilepsy (frequency of fitting) .....
[ ]	[ ]	Diabetes .....
[ ]	[ ]	Swallowing problem .....
[ ]	[ ]	Respiratory conditions (asthma, S.O.B.) .....
[ ]	[ ]	Peripheral Vascular Disease .....
[ ]	[ ]	Altered sensation (describe changes) .....
[ ]	[ ]	Integrity of skin (broken, ulcers, dressing needed) .....
[ ]	[ ]	Skin condition (tinea, plantar warts, allergies) .....
[ ]	[ ]	Recurrent middle ear infections, grommets .....



- Visual impairment (requires glasses constantly, contact) .....
- Hearing difficulties (requires hearing aid) .....
- Acute inflammatory condition .....
- Cancer (undergoing deep radiotherapy, chemotherapy) .....
- Genitor-urinary tract (incontinence, infection, catheter) .....
- Bowel problems (faecal incontinence, colostomy) .....
- Hemophilia .....
- Contagious diseases (flu, measles) .....
- Contagious diseases (hepatitis, Aids) .....

**DIAGNOSIS** .....

**SWIMMING ABILITY & WATER SAFETY:**

Swimming ability     good     moderate     poor

When did you last swim? .....

Are you afraid of the water? .....

Do you feel that you need constant supervision in the pool? .....

I have to the best of my knowledge given an accurate representation of my medical condition, swimming ability and water safety and agree to advise my Physiotherapist or the staff at MontroseAccess if any of the above circumstances change in any way. This is essential as this may change the precautions or make entry to the pool inappropriate at times. I also accept that there are certain risks involved with any therapeutic activity in water. I have been given a copy of "MontroseAccess User Information" and am aware of the factors relating to fatigue and dehydration. If caring for a client I have been instructed in what to do for the client by the Physiotherapist

Client's/Carer's Signature .....Date .....

**MEDICAL (take this to your doctor)**

I agree that ..... 's health is suitable to undertake hydrotherapy activities in a warm pool (average temp. 32°C) using a programme devised by a physiotherapist.

Signed ..... Date .....  
(G.P./Specialist)

Address .....

Telephone .....

