



Screening form for independent aquatic exercise

Patient's name.....

Community Pool Access Program

Possible contraindications for aquatic immersion/exercise	Yes	No	Comment (if yes to any of the below)
Deep Radiotherapy (current)			
Hyper/Hypotension			
Thyroid Deficiency			
Cardiac Condition			
Respiratory Condition			
Renal Condition			
Acute Inflammatory Condition (eg. R.A.)			
Febrile Condition			
Epilepsy, Seizures			
Hepatitis, HIV			
Open Wounds			
Infective Skin Conditions (eg. Tinea)			
Other Skin Conditions (eg Dermatitis)			
Incontinence/Indwelling catheter			
Peripheral Vascular Disease			
Middle Ear Infections/Tubes			
Diabetes			
Balance Deficit			
Swallow/Cough Deficit			





Water Confidence: (please circle)

Good Fair Poor

Water ability: (please circle)

Strong swimmer Fair swimmer Poor swimmer Non- swimmer

Able to enter and exit pool safely and independently via steps: (please circle)

Yes No

I, ______ have completed the above screening form and have assessed this patient as medically suitable, and physically capable of completing an independent hydrotherapy session safely. Please accept this as medical clearance to attend this program.

Patient Name:	DOB:///
GP/physio: (printed)	(signed)

Date :...../..../...../