

Hydrotherapy Referral Form

Redar Primary Care Hospital

Patient Name.....

Address.....

.....

DOB..... Tel No.Home..... Work.....

Consultant.....

Name of referring physio.....

Area of work.....

Date of referral.....

PLEASE ENCLOSE COPY OF PHYSIO NOTES TO INCLUDE UP TO DATE
SUBJECTIVE AND OBJECTIVE ASSESSMENT

Diagnosis.....

Goals of hydrotherapy (BE SPECIFIC)

1.
2.
3.

Walking Aids

Weight Bearing Status.....

Approximate HeightWeight.....

Pool Access; Stairs / Hoist.....

Will an ambulance be required?.....

Will the patient need any special assistance or do they have any cultural requirements?.....

Does the patient use any inhalers / sprays?.....

(If yes, these must be brought to each hydrotherapy session)

Risk Assessment

ABSOLUTE CONTRAINDICATIONS	Yes	No	Comments
Acute vomiting / Diarrhoea (Must be clear for 2 weeks)			
Medical instability following acute episode(e.g; CVA, DVT, MI, CABG, PE, Status Asthmaticus / Severe Asthma Attacks)			
Proven chlorine allergy			
Resting angina			
Shortness of breath at rest			
Uncontrolled cardiac failure / paroxysmal nocturnal dyspnoea			
Heavier than 23 stone			

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RELATIVE CONTRAINDICATIONS (if the following are present, aquatic therapy may be considered after a risk benefit analysis)	Yes	No	Comments
Acute systemic illness / Pyrexia			
Irradiated skin from radiotherapy			
Known aneurysm			
Open infected wounds			
Poorly controlled epilepsy			
Unstable diabetes			
Oxygen dependency			

PRECAUTIONS	Yes	No	Comments
Fear of water			
Behavioural problems			
Incontinence of urine			
Controlled epilepsy			
Haemophilia			
Hypotension			
Renal failure			
Widespread MRSA			
Poor skin integrity			
Pregnancy			
Contact lenses & conjunctivitis			
Hearing aids / Grommets			
Impaired vision / sensation / hearing			
Invasive tubes in situ (PEG sites need not to be covered)			
Risk of aspiration			
Incontinence of faeces (less than 2 hourly)			
Tracheostomy			

***Please refer to the document, 'Guidance on good practice in aquatic physiotherapy 2015', for more details on reasons and guidance on precautions and contra-indications.**

Explanation of safety precautions in pool and changing area			
Explanation of safety and evacuation procedure including pull cords, raising alarm.			

I have filled in the above form to the best of my knowledge

Signed; Patient.....
 Physiotherapist.....