



HYDROTHERAPY MEDICAL CLEARANCE FORM

Patient Name: _____ Date of Birth: _____

Contact Number: _____

Condition for which hydrotherapy is requested: _____

Please note absolute contraindications for hydrotherapy:

- Febrile Conditions
- Open Wounds
- Genito-urinary Incontinence
- Gastro-enteritis within last 10 days
- Acute Infections
- Severe asthma/impaired breathing

Please indicate and comment if necessary on whether any of the following conditions would affect your patient using the hydrotherapy pool

	Yes	No	Comments
Heart Conditions			
Angina			
Uncontrolled blood pressure (either high or low)			
Dizziness			
Epilepsy (controlled)			
Diabetes			
Respiratory Conditions			
Peripheral vascular disease			
Recurrent middle ear infections			
Visual Impairment			
Skin condition			
Does the patient have a fear of water?			
Need assistance for dressing/changing			
Any weight bearing restrictions			

In my opinion, the above patients is / is not suitable to undertake hydrotherapy

Signed _____ Date: _____

Please fax or email completed form to lake cathie physio & hydro

Fax : 02 5504 5912

Email: physioadmin@lcmc.com.au