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| **Nairn Hydrotherapy Pool- Screening Form** | | | |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_** | | | |
| **Please circle/tick whether you currently have any of the following conditions:** | | | |
|  | **Yes** | **No** | **Physio only** |
| **Unstable** cardiorespiratory conditionse.g. resting angina, shortness of breath at rest, breathlessness during activity, breathlessness while sleeping, which may come on suddenly and wake you up etc. |  |  | **AC** |
| **High/ low blood pressure** stable/ unstable |  |  | **P/RC** |
| Do you have a heart pacemaker? |  |  | **P** |
| **Medical instability** following acute episodee.g. stroke (CVA), deep vein thrombosis (DVT), pulmonary embolism (PE), Left Ventricular Failure (LVF) |  |  | **AC** |
| **Acute illness** e.g. vomiting, diarrhoea etc within last 14 days |  |  | **AC** |
| Recent stroke |  |  | **RC** |
| **Weight in excess of 112kg (17 ½ st)** |  |  | **AC** |
| Current radiotherapy |  |  | **RC** |
| **Lungs conditions** e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD) etc. |  |  | **P** |
| Kidney condition (kidney disease/failure) Advance\* |  |  | P/RC\* |
| **Allergies/sensitivities e.g. chlorine\*, plaster, latex, nut etc.** |  |  | **P/ C\*** |
| Poor Skin condition e.g. rush, open wounds, eczema, psoriasis etc. |  |  | **P/ C** |
| **Epilepsy/seizures/fainting stable/ unstable** |  |  | **P/ C** |
| Diabetes type 1/ type 2 stable/ unstable |  |  | **P/ C** |
| **Have you been vaccinated against Covid - 19?** |  |  | **P** |
| Incontinence: faecal \* and/ or urinary |  |  | P/AC\* |
| **Pregnancy (if water exceeds 35C)** |  |  | **P/ C** |
| Aquaphobia (fear of water) |  |  | **P** |
| **Haemophilia - hepatitis A, B , C** stable/ unstable |  |  | **P** |
| HIV/AIDS |  |  | **P** |
| **Do you have a contagious disease e.g. Measles, chicken pox, mumps, flu etc.** |  |  | **RC** |
| Infections (e.g. conjunctivitis, Methicillin-Resistant Staphylococcus Aureus (MRSA) , fungal\* – e.g. verrucas / warts etc. |  |  | P/AC\* |
| **Respiratory conditions e.g. Asthma, Bronchitis etc.** |  |  | **P** |
| Sensory Aids e.g. Hearing Aids, Contact Lenses, grommets etc. |  |  | **P** |
| **Do you use any of following walking aids? Wheelchair / Walking frame /**  **Stick(s) / Crutch (es) etc.** | |  |  |
| Height: Weight: | |  |  |
| **Pool entry: Independent / assistance required Steps / Hoist** | |  |  |
| *This form is part of your assessment. The screening forms are an adjunct to a full subjective and objective assessment which will be unique to each client. The screening forms can be modified by physiotherapist as necessary for client groups or for individual clients.*  *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 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. I also accept that there are certain risks involved in any therapeutic activity in water. I have been advised of pool rules and safety guidelines and am aware of factors relating to fatigue and dehydration. These aquatic physiotherapy screening forms have been provided as a guide for physiotherapist to use when screening patients before accepting them for aquatic physiotherapy treatment due to the physiology of immersion particularly to the cardiovascular implications, infection control, water safety, current and past medical history.* | | | |
| **SIGNED: DATE:** | |  |  |