

Please Fax completed form to 8890 7102
Therapy Reception, Physiotherapy Department, Westmead Hospital

January 2016



Health
Western Sydney
Local Health District

Patient Sticker

Physiotherapy Department
HYDROTHERAPY MEDICAL CLEARANCE FORM

This patient is being considered for hydrotherapy as part of his/her physiotherapy program. Please provide medical clearance for this by completing the following form.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Condition for which hydrotherapy is requested:

Please note absolute contraindications for hydrotherapy:

- | | |
|--|---|
| <input type="checkbox"/> Febrile Conditions | <input type="checkbox"/> Gastro-enteritis with in the last 10 |
| <input type="checkbox"/> Open Wounds | days (any condition causing diarrhoea or |
| <input type="checkbox"/> Acute infections | unpredictable faecal incontinence) |
| <input type="checkbox"/> Genito-urinary incontinence | <input type="checkbox"/> Deep x-ray therapy |

Many other conditions would be general precautions for hydrotherapy. With reference to your examination, please comment on the following:

- Heart Condition: _____
- Angina (medication): _____
- Uncontrolled blood pressure (either high or low): _____
- Dizziness (all the time as opposed to postural etc.): _____
- Epilepsy (controlled): _____
- Diabetes: _____
- Respiratory Conditions: _____
- Peripheral vascular disease: _____
- Recurrent middle ear infections: _____
- Visual impairment: _____
- Skin condition: _____
- Pregnancy – 1st trimester: _____

MEDICATIONS: _____

I BELIEVE THE ABOVE PERSON IS FIT TO RECEIVE HYDROTHERAPY IF DEEMED APPROPRIATE FOR HIS/HER CONDITION.

Signed: _____ Date: _____