

Comprehensive Rehab

AQUA THERAPY RELEASE FORM

Name: _____

DOB: _____ Sex: _____ Height: _____ Weight: _____

Patient diagnosis or illness: _____

Referring Physician: _____

Please list medications: _____

Hearing and vision status (hearing aides, glasses, contacts, etc.) _____

Communication Method:

Is the patient verbal? Yes _____ No _____

Does the patient have receptive language skills? Yes _____ No _____

Does the patient have expressive language skills? Yes _____ No _____

Swimming Level:

Does patient swim at all? _____ if yes, please answer 1 & 2 if no, answer 3 & 4.

1. Is the patient independent in shallow water at chest depth? _____
2. Is the patient independent in deep water? _____
3. Is the patient afraid of water? _____ if yes, to what extent and how is the fear expressed? _____
4. Has the patient had any experience of being in the water? _____

Does the patient have or has he/she ever had:

Seizure	yes _____	no _____
Heart Attack	yes _____	no _____
Fainting	yes _____	no _____
Severe respiratory difficulty	yes _____	no _____
Other	yes _____	no _____

If yes, to any of the above, please give details below:

How much assistance does patient need for:

Dressing, grooming, showering _____

Transferring in/out of wheelchair _____

Walking _____

Restrictions or other information that might assist the therapist in working with the patient in or around the water.

Important: Please read the following and check all that apply

Contra-indications:

- open/draining wounds
- severe burns
- involuntary diarrhea or bowel incontinence
- vomiting
- severe dermatological problems (impetigo, draining herpes)
- transmissible disease in water
- scabies/lice
- unstable blood pressure/incipient congestive heart failure
- tracheostomy
- non-tunnel catheters (PIC, intrasil, supra-pubic catheter)
- deep vein thrombosis
- fever over 100 F.
- menstruation without internal protection
- premature membrane rupture in pregnancy
- certain orthotic conditions, i.e. very recent fracture
- reflexive uriter
- HIV (low antibodies, white blood count)

Precautions: (conditions to assess prior to aquatic therapy participation)

- high/low blood pressure
- cardiac conditions
- decreased pulmonary function or asthma
- radiation
- urinary tract infection or bladder incontinence
- intravenous lines
- excessive skin sensitivity, allergy to pool chemicals
- intolerance to fluid loss, kidney disorders
- poor temperature regulation or heat tolerance
- cerebral hemorrhage
- perforated ear drum, ear infection
- agitation or severe behavior problem
- epilepsy/seizure activity
- extreme fear of water
- medication side effects, please list: _____
- hyponatremia (water intoxication)
- dysphasia
- latex allergy
- autonomic dysreflexia
- reflexive uriter
- dehydration
- G-tubes, peg tubes

PERMISSION TO SWIM

Realizing that water may be a hazard despite all precautions, and in return for the opportunity to participate in this activity, I hereby release Comprehensive Rehab from any liability connected with the participation of _____ in the aquatic therapy program.

Signed: _____ **Date:** _____