

HYDROTHERAPY REFERRAL FORM

For private hydrotherapy with specialist Chartered Physiotherapist at Teddington Pools, Surrey.

All parts of the form must be completed or it will be sent back to you.

Client name:

Date of Birth:

Address:

Tel:

Clients GP:

GP Tel:

Brief history of complaint:

Aims of Hydrotherapy:

1:

2:

Objective Marker: (eg: ROM or functional activity)

1:

2:

Subjective Marker: (eg: pain score)

1:

2:

Please tick below or cross the boxes as appropriate:

Contraindications:

- Uncontrolled angina
- Undiagnosed chest pains
- Recent (within past 6/12) neurological event
- Urinary/faecal incontinence
- Skin infections (bacterial or fungal)
- Open/infected wounds
- Systemic illness or high temperature
- On dialysis
- Recent chemo/radiotherapy treatment (3/12)

Precautions:

- Fear of water
- First trimester of pregnancy
- Asthma
- Kidney pathology
- HIV+/HepC
- Greatly reduced vital capacity

Patient consent to Hydrotherapy treatment?

Signature:

Date:

How many treatments of hydrotherapy are expected?

Client is: BUPA PPP Self Payer

Other (please specify):

Referring practitioner:

Referring practice:

Contact details:

Practice tel:

Signature: