



## Hydrotherapy Pool

### Indemnity & Screening Form for New Users of Public Sessions (Casual swimming is not permitted)

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

I confirm that I have read and understood the screening list overleaf. I confirm that if I am (or the person under my responsibility is) over 69 years of age and/or could answer yes to any of the screening questions I must complete and return the attached referral form. The form must have a medical practitioners signature and surgery stamp, and indicate my (or the intended users) suitability before I/they can use the hydrotherapy pool.

#### Declaration

I am (or the person under my responsibility is) under 69 years of age and have none of the following:

- Any of the Contra-indications listed overleaf
- Any of the Precautions listed overleaf (Unless referral form completed)
- Any other condition which might make undertaking a course of hydrotherapy unsafe (always check with your GP if you are unsure)

I, \_\_\_\_\_ (please print name) hereby undertake to indemnify the London Borough of Richmond upon Thames (LBRuT) for all claims against the LBRuT in respect of any loss or damage caused by any event or accident causing personal injury or loss of property to myself, or anyone I have responsibility for, other than those caused by the LBRuT through negligence or default, when I/we am/are using the Hydrotherapy Pool.

Signed: \_\_\_\_\_ User  Carer

Date: \_\_\_\_\_

Office use only	ID supplied	Card no.	Date of issue	Issuer

**Checklist: for referral to a medical Professional. To be completed by the Hydrotherapy Pool user for the attention of their GP/Physiotherapist**

<b>Contra-indications</b>					
	Yes	No		Yes	No
Gastrointestinal problems/virus			Acute symptoms DVT		
Recent CVA (not before 3 weeks depending severity)			Known aneurysm		
Recent Pulmonary Embolus			First 3 months of pregnancy		
Systemic illness/pyrexia (normal temp 24hrs prior)			Wound infection		
Cardiac disease, resting angina, recent heart surgery			Skin infection		
Incontinence of faeces unless controlled regime			Skin/communicable disease		
Recent surgery – less than 6 weeks ago			Over 24 stone		
<b>Precautions</b>					
	Yes	No		Yes	No
Recent surgery – between 6 weeks and 3 months ago			Recent kidney surgery or disease		
Cardiac or Circulatory problems			Recent CVA		
Respiratory problems			Diabetes		
Infection of bladder, skin or eyes			Hypertension or Hypotension		
Bowel or bladder disorders			Tinea pedis or verrucae		
Vertigo, blackouts or nausea			Open wounds		
Epilepsy			Any recent medical treatment		
Spinal cord or neck problems			Contact lens, hearing aid or grommets		
Incontinence					

**The Hydrotherapy Pool should NOT be used if any contra-indications exist.**

**If Precautions exist the Hydrotherapy Pool may only be used following completion of the referral letter below**

**DO NOT DETACH**

**Referral Form (GP/Physiotherapy) for use of Hydrotherapy Pool  
(For public sessions without support from a therapist in the pool)**

Dear Doctor/Physiotherapist,

The above named patient wishes to use the Hydrotherapy Pool for rehabilitation purposes and requires medical recommendation. Indications for referral are listed above.

**To be completed by the GP/Physiotherapist:**

I agree that, given the above precautions, the above named patient is suitable for, and would benefit from, use of the Hydrotherapy Pool in public sessions for prescribed exercise, and is recommended on medical grounds.

Referring GP/Physiotherapist Name (please print):

Position:

Surgery stamp:

Signed:

Date: