

## Hydrotherapy Pool



### Indemnity & Screening Form for Users of Public Sessions



**Our Pool - The Hydrotherapy Pool is for people who require supported exercise as part of a rehabilitation programme for healing & recuperation.**

**Casual swimming is not permitted.**

#### 1. Personal details

Are you a pool user or caring for someone in the water? Pool User ☐ Pool Carer ☐

Title:	Full Name:	D.O.B: DD/MM/YYYY
House No. & Street Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Town		(t) Home:
City/County		(t) Mobile:
Postcode		Email:

Emergency contact name:	Emergency contact tel:
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#### 2. About yourself and using the Hydrotherapy Pool

**Please note the following:**

- The centre cannot provide assistance for changing or transfer to and from the pool hoists.
- If you weigh more than 24 stone **and** need to use a hoist, we regret you will be unable to use the pool.
- If you are accompanied by a carer, they may only enter the water in order to physically support and aid you in your use of the pool.
- Children under 12 months of age cannot use the Hydrotherapy Pool

#### 3. Declaration by (or on behalf of) the Hydrotherapy Pool User

- I have indicated "Yes" or "No" against every item in the screening checklist overleaf.
- **If I am under 5 or over 69**, I have obtained the consent of a Medical Practitioner.
- **If I have ticked "Yes" to any conditions listed overleaf I have obtained the signature and stamp/surgery address of a Medical Practitioner (section 5)<sup>1</sup>**
- I know of no other condition making use of the Hydrotherapy Pool unsafe.
- I indemnify the London Borough of Richmond upon Thames (LBRuT) for all claims against LBRuT in respect of any loss or damage caused by any event or accident causing personal injury or loss of property to myself, other than those caused by LBRuT through negligence or default, when I am using the Hydrotherapy Pool.

Signed: .....

Date: .....

Office use only		
Member ID	Date of issue	Issuer

Please tick here if you wish to receive marketing by: ☐ Mail ☐ Email ☐ SMS ☐ Telephone

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<sup>1</sup> LBRuT reserve the right to seek further opinion before admittance to the Hydrotherapy Pool.

#### 4. Screening checklist<sup>2</sup>: Hydrotherapy Pool user to complete for their medical professional

Please note: a "Y" or "N" answer **must** be provided for every item listed below.

Absolute contra-indications					
	Yes	No		Yes	No
Severe cardiac disease			Fear of water that cannot be overcome		
Pregnancy – 1 <sup>st</sup> trimester			Within Radiotherapy/chemotherapy programme		
Medical instability following an acute episode (within 3 months) i.e. stroke, DVT			Known aneurysm		
(if a "Yes" is indicated for any of these the pool CANNOT be used)					

Contra-indications					
	Yes	No		Yes	No
Skin infections (excluding psoriasis & eczema)			Severe asthma, chronic respiratory conditions, shortness of breath		
Wound infections, pressure sores, ulcers			Bladder infections, frequent UTI's		
Unstable blood pressure/diabetes			Pyrexia (increased temperature)		
Influenza, respiratory tract infections			Deep vein thrombosis, pulmonary embolism		
Recent (within 3 months) surgery			Gastric upsets, vomiting, diarrhoea		
Increased frequency of seizures			Acute pain, discomfort		
Fractures/joint replacements within 3 months			Kidney disease		
Faecal incontinence uncontrolled			I need to use the overhead hoist (supine) and am under 24 stone (160kg)		
(if any of these are present the pool should NOT be used UNTIL condition/illness is either undergoing treatment or has been treated, and medical clearance sought)					

Precautions					
	Yes	No		Yes	No
Cardiac or circulatory problems			Skin conditions – eczema, psoriasis		
Epilepsy			Pregnancy beyond 1 <sup>st</sup> trimester		
Diabetes			Neck or back problems		
Warts, verrucae, Athlete's foot			Tubes (catheters, Hickman lines, fistulae)		
PEG's, PEJG (feeding tubes)			Anxiety, stress		
Mobility problems, falls			Difficulties with transfers (carer required)		
Osteoporosis			Dementia		
Challenging behaviour			I need to use the pool-side hoist (seated) and am under 22 stone (140kg)		
(if any of these are present medical clearance MUST be sought)					

#### 5. Medical Professional Recommendation (of GP/Physiotherapist if a "Yes" is indicated above)

Dear Doctor/Physiotherapist,

The above named patient wishes to use the Hydrotherapy Pool during publicly accessible sessions for rehabilitation purposes without the support of an Aquatic Therapist and due to the indications marked "Yes" above we require medical recommendation.

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

(i) Referring GP/Physiotherapist Name (Print name): .....

(ii) Position: ..... (iii) Surgery stamp:  
(Hand write address if no surgery stamp)

(iv) Signed: ..... (v) Date: .....

Please note: recommendation for referral cannot be accepted without (i) to (v) completed fully

<sup>2</sup> Screening checklist originally sourced from LBRuT Learning Disability Service  
TPFC, Vicarage Road, Teddington TW11 8EZ, (t) 020 3772 2999