Forster Private Hospital

REFERRAL
KYA—HYDROTHERAPY

Unit Record Number ☐☐☐☐☐☐☐☐

Family Name _____

Given Names _____

Date of Birth ☐☐☐☐☐☐☐☐ Age ☐

Sex ☐ Room No. ☐☐☐

OR USE LABEL

MUST BE COMPLETED BY A DOCTOR OR ALLIED HEALTH SPECIALIST

Client Name:	**DOB:**	☐ M ☐ F
Address:	**Phone:**	
	Weight:	
DVA Gold Card No:	**Expiry Date:**	**OR** ☐ **Not applicable**
Compensation Insurer:	**Claim No:**	**OR** ☐ **Not applicable**
Referrer Name:	**Phone:**	
Address:	**Fax:**	

Reason for Referral/Goals:

Relevant Medical History:

Mobility:	**AID:**	**Independent/Assistance Required (circle)**
	Weight bearing status:	
	Access pool by:	☐ **Stairs** ☐ **Hoist (tick)**
Swim Ability: (tick)	☐ **Can swim** ☐ **Low confidence**	☐ **Needs Assistance**

Please indicate any of the following precautions that are relevant to your client:

History of seizure, fainting, epilepsy (must be well managed)		Recent DVT/PE	
Unstable angina		Swallow impairment	
Cardiac condition/surgery		Hypertension	
Acute infection		Hypotension	
Gastroenteritis in the last 7 days		Hydrophobia	
Conjunctivitis in the last 7 days		Behaviour/cognitive impairment	
Bariatric		Incontinence—bladder	
Proven bromine sensitivity		Incontinence—bowel (must be managed)	
Diabetes		Hearing impairment	
Renal impairment		Vision impairment	
Blood borne viruses		Thermoregulation impairment (ie: MS)	
Lines/catheter/peg/stoma		Peripheral neuropathy	
Respiratory impairment		Haemophilia	

I, the Referrer, declare that the above patient is fit for the hydrotherapy general exercise group.
I declare that he/she has no obvious medical condition that will prevent him/her using a hydrotherapy pool where the temperatures are 32-34 degrees.

Signed _____ Date _____

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MR/74

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