Ai Chi Consultation Form

CLIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR SEEKING THERAPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEN DID THIS CONDITION START?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THERE ANYTHING THAT MAKES YOUR CONDITION WORSE OR BETTER?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IF YES, PLEASE EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU RECEIVED TREATMENT FOR THIS CONDITION?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ATTENDING YOUR DOCTOR? \_\_\_\_\_\_CURRENT MEDICATION?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.P NAME AND PRACTICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE CHILDREN?\_\_\_\_\_\_\_ARE YOU PREGNANT?\_\_\_\_\_\_\_\_\_\_\_ NR. OF WEEKS\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant Medical Conditions (Check all that apply)

* Incontinence ☐
* Chronic Pain ☐
* Balance Issues ☐
* Vertigo ☐
* Sensory Impairments (Vision, Hearing) ☐
* Anxiety/Stress Disorders ☐
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Heart Conditions, High/Low blood pressure ☐
* Respiratory Conditions (Asthma, COPD) ☐
* Joint Issues (Arthritis, Osteoporosis) ☐
* Neurological Conditions (Stroke, Parkinson's, MS) ☐
* Diabetes ☐
* Open Wounds or Skin Conditions ☐
* Seizure Disorders ☐

**Precautions for Ai Chi**

*Please indicate any precautions that may require special consideration during Ai Chi practice:*

* Limited mobility ☐
* Difficulty with balance ☐
* Sensitivity to water temperature ☐
* Fear of water ☐
* Reduced sensation in limbs ☐
* Hearing aids or other devices that cannot get wet ☐
* Dizziness or vertigo ☐
* Breathing difficulties ☐
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contraindications to Ai Chi**

*Please check if any of the following conditions apply. These may prevent participation in Ai Chi:*

* Uncontrolled heart conditions ☐
* Severe respiratory disorders ☐
* Open wounds or skin infections ☐
* Uncontrolled seizures ☐
* Severe balance or mobility impairments ☐
* Incontinence (bowel or bladder) ☐
* Infectious diseases ☐
* Severe dizziness or vertigo ☐
* Fever or acute illness ☐
* Uncontrolled high/low blood pressure ☐
* Recent surgery ☐
* Severe pain during movement ☐
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Functional Assessment**

* Can you enter and exit the pool independently? Yes ☐ No ☐
* Do you use or need any mobility aids (e.g., walker, wheelchair, hoist)? Yes ☐ No ☐
	+ If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you feel comfortable in the water? Yes ☐ No ☐
* Have you had any falls in the past 6 months? Yes ☐ No ☐
* Are you able to stand and move with ease? Yes ☐ No ☐
* Do you have any concerns about balance? Yes ☐ No ☐

**Goals for Ai Chi**

* Relaxation ☐
* Improve balance ☐
* Reduce pain ☐
* Improve breathing ☐
* Improve strength ☐
* Reduce stress or anxiety ☐
* Increase range of motion ☐
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client's Experience with Aquatic Therapy or Ai Chi**

* Have you practiced Ai Chi or similar forms before? Yes ☐ No ☐
* Are you familiar with Tai Chi movements? Yes ☐ No ☐
* Do you have experience with aquatic therapy? Yes ☐ No ☐

**Consent**

I understand the purpose, potential benefits and contraindications of Ai Chi.

I have read and understood all the above mentioned. I confirm that I am physically and mentally fit, to the best of my knowledge, to perform aquatic bodywork and be in warm water.

If there is something I do not understand regarding the session, it will be explained to me, upon my request, by Susana Castilla, from Sanasutouch and I give my consent to the session provided.

I have informed the therapist of my medical conditions and any physical limitations.

I consent to participate in Ai Chi sessions and agree to follow the guidance and safety instructions provided.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom of Form