Aquatic Therapy Consultation Form

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

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

Emergency Contact Name and phone nr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REASON FOR SEEKING THERAPY/MEDICAL DIAGNOSIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be aware that Aquatic physiotherapy as another form of bodywork might have some effects after a session such as tiredness, fatigue, mild aches and pains or emotional release, which can last up to 48 hours. It is normal as the body is readjusting to the changes made.

Relevant Medical Conditions. (Check all that apply)

* Cardiovascular Issues (e.g., Heart Disease, High/Low Blood Pressure, (6 minutes is the time needed to find out) ☐
* Respiratory Issues (e.g., Asthma, COPD) ☐
* Joint Issues (e.g., Arthritis, Osteoporosis) ☐
* Neurological Conditions (e.g., Stroke, Multiple Sclerosis) ☐
* Diabetes ☐
* Colostomy or catheter ☐
* Cancer ☐
* Open Wounds ☐
* Seizure Disorders ☐
* Incontinence ☐
* Balance Problems ☐
* Skin Conditions ☐
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contraindications to Aquatic Therapy**

*Please check if any of the following conditions apply. These may prevent participation in aquatic therapy.*

* Uncontrolled heart failure. ☐
* Severe respiratory conditions ☐
* Uncontrolled seizures ☐
* Open wounds or skin infections ☐
* Tracheotomy or tubes in situ ☐
* Uncontrolled high/low blood pressure ☐
* Incontinence of bowel/bladder. Risk of Dysreflexia on spinal injuries☐
* Severe renal failure ☐
* Infectious diseases ☐
* Unstable fractures ☐
* Fever or illness ☐
* Recent surgical incisions ☐
* Severe dizziness or vertigo ☐

**Precautions for Water based Therapy.** *Please check if any of the following conditions apply*

* Sensitivity to pool chemicals ☐
* Difficulty with temperature regulation ☐
* Fear of water ☐
* Mobility limitations. Sprains, Strain, Bone fractures ☐
* Reduced sensation in limbs ☐
* Hearing aids or other electrical devices ☐
* Impaired vision ☐
* Dizziness or vertigo ☐
* Behavioural Problems ☐
* Dizziness or vertigo ☐
* Digestive problems☐
* 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, steps?)? Yes ☐ No ☐
	+ If YES, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you had any falls in the past 6 months? Yes ☐ No ☐
* Are you comfortable in water? Yes ☐ No ☐
	+ If NO, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals for Aquatic Therapy**

* Reduce swelling ☐
* Improve mobility ☐
* Relaxation ☐
* Other☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pain relief ☐
* Improve flexibility ☐
* Improve strength / balance ☐

**STATEMENT TO BE READ AND AGREED TO BEFORE RECEIVING A WATSU® PRACTICE SESSION FROM A WATSU® STUDENT.**

* I understand that a session of any form of Aquatic Bodywork can be powerful and have profound effects.
* That when the body at the level of relaxation possible in warm water and its normal tension holding patterns are released, there can, occasionally, be reactions that can cause momentary discomfort.
* I also understand that being held as close as is required while being floated, can bring up issues that people have about intimacy.
* I understand that receiving a session in any kind of bodywork from a student always involves a slight risk. I willingly accept that risk and hold no one else responsible for anything that happens to me in my session.
* Ideally, the kind of heart space the session will help me into, and its continuity, will help me let go whatever comes up into its flow.
* I understand there have been no medical claims made for this session.
* I will give feedback the moment anything is uncomfortable.
* I will let the student know anytime my head, neck, back, etc., do not feel adequately supported.
* I understand that when I am brought to the end of a session, I am not required to immediately give feedback.
* I understand that constructive feedback can be very valuable for a student.
* If l choose not to talk about the session I just received, I will send a note giving feedback afterwards.

For more information about the forms being practiced visit [www.watsu.com](http://www.watsu.com)

I have read and agreed to the above statement and am listing below any conditions that might be affected by a session:

Conditions that might be affected by being in warm water:

Conditions that might be affected by stretching and movement:

Psychological conditions or trauma that might be affected by being held:

Susceptibility to Motion Sickness:

Previous experiences of Aquatic Bodywork:

Expectations or concerns:

Signed Date

Add any post-session comments or evaluation below and on the reverse.

**Consent**

I have read and understood all the above mentioned. I understand the purpose and potential benefits and contraindications of aquatic therapy.

I confirm that I am physically and mentally fit, to the best of my knowledge, to receive aquatic bodywork and be immersed 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 treatment provided.

I have discussed any medical conditions with my therapist that may require special attention during my sessions.

I consent to participate in aquatic therapy sessions and agree to follow any safety guidelines provided.

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

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

If you need further information about GDPR and data protection, please check on the “More Links” section on my website, thank you.