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REFERRAL NOTE

PATIENT'S NAME:

Address:

Contact numbers: (H) (M)

Date of birth:

Condition requiring attention:

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Medication:

Contraindications / precautions checked: Yes (See overleaf)

Other relevant information:

Referring doctor

Signed:

AquaPhysio Ltd

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Absolute contraindications

- Medical instability following an acute episode (Eg: CVA, DVT, PE, and Asthma)
- Uncontrolled angina
- Shortness of breath at rest
- Uncontrolled cardiac failure/paroxysmal nocturnal dyspnoea
- Neutropaenia
- Diarrhoea/ vomiting within last 14 days
- Proven chlorine allergy
- Patients weight in excess of evacuation equipment

Relative contraindications

- Recent radiotherapy/chemotherapy – within last 6 weeks
- Acute systemic illness/fever/high temperature
- Infections
- Unstable diabetes
- Poorly controlled epilepsy
- Known aneurysm

Precautions

- Fear of water
- Behavioural problems
- Renal failure/kidney pathology
- Skin conditions/eczema
- 1st trimester of pregnancy
- Contact lenses and conjunctivitis
- Impaired sensation/vision/hearing
- Incontinence of urine/faeces
- Hearing aids/Grommets
- Poor skin integrity/open/surgical wounds
- Epilepsy
- Hypotension
- Reduced vital capacity
- Invasive tubes in situ