
# INDIVIDUAL USER REGISTRATION FORM

Harry’s Hydro wants everyone to have a safe, healthy and enjoyable time in the pool. Please fill in this form and give as much information as possible to enable us to help you achieve this.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Type of session required *Please put tick in box that applies:*

🞎 Referral to group exercise session led by a physiotherapist/therapist

🞎 Access to public session to do own exercise programme with life guard/therapist from the centre.

## Number of carers

Total number of carers: in the pool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on poolside \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/s of carer/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**User profile:**

Please give details of your condition/s that will benefit from hydrotherapy as well as other relevant information:

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

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

Have you ever attended hydrotherapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If ‘yes’, where was this and when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own exercise programme for hydrotherapy?:

Have you been assessed by a physiotherapist?

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

If so, please could you give name and contact details of physiotherapist:

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

If so, please could you arrange for a copy of your notes to be sent to Harry’s Hydro so we can give it to our physiotherapist/hydrotherapist?

**Equipment needed to access the pool** *please tick appropriate box:*

🞎 Hoist with stretcher 🞎 Hoist with seat 🞎 Hoist with sling

🞎 Shallow steps with handrails 🞎 Crutches/walking aid 🞎 None needed

**HYDROTHERAPY CHECKLIST**

Please complete the table below, inserting ticks in the box that applies to you:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contra-indications:**  | Yes | No | Comment |
| Uncontrolled angina / resting angina |  |  |  |
| Undiagnosed chest pains |  |  |  |
| Medical instability following an acute episode e.g. recent CVA, DVT, PE |  |  |  |
| Shortness of breath at rest |  |  |  |
| Uncontrolled cardiac failure/ paroxysmal nocturnal dyspnoea |  |  |  |
| Acute systemic illness or pyrexia |  |  |  |
| Proven chlorine allergy |  |  |  |
| MRSA/ wounds infected with MRSA |  |  |  |
| Weight in excess of evacuation equipment 160 kg 25 stoneSevere eczema / severe athlete’s foot / Impetigo |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Relative contraindications:** | Yes | No | Comment |
|  |  |  |  |
| Unstable diabetes |  |  |  |
| Poorly controlled epilepsy |  |  |  |
| Open wounds / skin infection |  |  |  |
| Known aneurysm |  |  |  |
| Irradiated skin during course of radiotherapy – if so, which part of the body? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Precautions:** | Yes | No | Comment |
| Fear of water |  |  |  |
| Haemophilia |  |  |  |
| Hypotension |  |  |  |
| Renal failure |  |  |  |
| Controlled epilepsy |  |  |  |
| Contact lenses\* /hearing aids/grommets |  |  |  |

*\* if soft lenses, wash in water and lens fluid after session*

**NB: If before any session you have had vomiting or diarrhoea you must not attend hydrotherapy for two weeks**

Signature: ………………………………………………………………… Date: ………………………………………..

If you are unsure of any of the information on this page, please ask your GP or Physiotherapist to complete and sign this form

**GP details:**

Name: …………………………………………………………………………………………

Surgery: ………………………………………………………..

Address:……………………………………………………………………………………………………………………

 ……………………………………………………………………………………………………………………..

Telephone: …………………………………………………………….

E-mail: ……………………………………………………………………………….

**Physiotherapist details:**

Name: …………………………………………………………………………………………

Surgery: ………………………………………………………..

Address: …….……………………………………………………………………………………………………..

 …………………………………………………………………………………………………………….

Telephone: …………………………………………………………….

E-mail: ……………………………………………………………………………….

Post or email this completed form to:

Helen Woodhead

Secretary to Harry’s Hydro Trustees

16 Wythburn Road

Frome

Somerset, BA11 2BW

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