

## HEALTH FORM FOR AQUATIC PHYSICAL THERPAY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date & reason for most recent visit to your physician: \_\_\_\_\_

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

Other Treatment (PT, Chiropractic, etc.): \_\_\_\_\_

\_\_\_\_\_  
Diagnosis: \_\_\_\_\_

### PERSONAL HEALTH HISTORY

#### A. Have you ever had or do you currently have any of the following medical conditions?

Allergies or sensitivities to pool chemicals, such as chlorine or bromine:	YES ___ NO ___	Kidney Disease	YES ___ NO ___
Anemia	YES ___ NO ___	Multiple Sclerosis	YES ___ NO ___
Angina	YES ___ NO ___	Orthopedic Problems (other than current)	YES ___ NO ___
Aneurysm	YES ___ NO ___	Osteoporosis	YES ___ NO ___
Arthritis	YES ___ NO ___	Pacemaker	YES ___ NO ___
Asthma	YES ___ NO ___	Respiratory Problems:	YES ___ NO ___
Athlete's Foot	YES ___ NO ___	Skin Infection	YES ___ NO ___
Diabetes	YES ___ NO ___	Stroke	YES ___ NO ___
Emphysema	YES ___ NO ___	Thrombophlebitis	YES ___ NO ___
Heart Attack	YES ___ NO ___	Thyroid Condition	YES ___ NO ___
Hepatitis	YES ___ NO ___	Tuberculosis	YES ___ NO ___
Hypertension	YES ___ NO ___	Uncontrolled Blood Pressure:	YES ___ NO ___
Hypoglycemia	YES ___ NO ___	Uncontrolled epilepsy/seizure disorder:	YES ___ NO ___
Hypotension	YES ___ NO ___	Valve Disease	YES ___ NO ___
Incontinence/decreased control of bowel/bladder:	YES ___ NO ___	Vestibular Disease	YES ___ NO ___
Intravenous line, heplocks, hickman lines, NG tubes:	YES ___ NO ___	Viral Infection	YES ___ NO ___
Irregular Heartbeat	YES ___ NO ___		

B. Are you hearing or sight impaired? YES\_\_\_ NO\_\_\_  
IF YES, explain? \_\_\_\_\_

C. Do you wear prescription glasses or contact lenses? YES\_\_\_ NO\_\_\_

D. Are you taking cardiac medications? YES\_\_\_ NO\_\_\_

E. Are you Pregnant? YES\_\_\_ NO\_\_\_

F. Do you have a specific weight bearing status? YES\_\_\_ NO\_\_\_

IF YES, how much weight are you allowed to put on the involved leg?

- \_\_\_\_\_ Non weight bearing
- \_\_\_\_\_ Toe touch weight bearing
- \_\_\_\_\_ Partial weight bearing
- \_\_\_\_\_ Weight bearing as tolerated
- \_\_\_\_\_ Full weight bearing

### ACTIVITY LEVEL

A. Is your employment physically active? YES\_\_\_ NO\_\_\_  
IF YES, please describe: \_\_\_\_\_

B. What recreational/leisure activities are you involved in? [list and describe the frequency which you participate in these activities (e.g. 20 minutes, 3 times/week)]: \_\_\_\_\_

C. Are you currently involved in a regular exercise program or sport? YES\_\_\_ NO\_\_\_  
IF YES, describe the activities, frequency, and duration of the program: \_\_\_\_\_

D. Please provide any additional information pertaining to your health or background that you feel will help is provide you with an appropriate aquatic therapy program: \_\_\_\_\_

## AQUATIC SKILLS SURVEY

- A. Do you enjoy water activities? YES\_\_\_ NO\_\_\_
- B. Have you ever had any formal swimming instructions? YES\_\_\_ NO\_\_\_
- C. Can you swim with rhythmic breathing? YES\_\_\_ NO\_\_\_  
IF YES, which strokes? \_\_\_\_\_
- D. Can you stand comfortably in chest-deep water? YES\_\_\_ NO\_\_\_
- E. Can you upright yourself from a horizontal floating position? YES\_\_\_ NO\_\_\_
- F. Can you float? YES\_\_\_ NO\_\_\_
- G. Can you tread water in deep water? YES\_\_\_ NO\_\_\_
- H. Are you fearful of entering a swimming pool? YES\_\_\_ NO\_\_\_
- I. Are you fearful of entering deep water? YES\_\_\_ NO\_\_\_  
IF YES, will you enter deep water with a floatation vest? YES\_\_\_ NO\_\_\_
- J. Have you ever used a flotation device of any kind? YES\_\_\_ NO\_\_\_
- K. Are you willing to participate in an aquatic therapy program? YES\_\_\_ NO\_\_\_  
IF NO, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ will be participating in our Aquatic Physical Therapy program. Please read the instructions below.

**POOL RULES**

**NO VISITORS OR CHILDREN** allowed at the pool during your session.

You are responsible to bring your own towel; we do not supply towels. Please bring your pool shoes to the pool. **You will not be allowed to participate in the program without the pool shoes.** Lockers will be provided each session.

You must be able to dress without the requiring assistance from the Cool Springs Physical Therapy or Fitness staff to participate in the pool program. If you require assistance in the locker room, you need to make arrangements for someone of the same sex to help you.

It is suggested that you arrive 15 minutes prior to the session to allow for time to change clothes. The sessions are Tuesday and Thursday mornings. The session will be 1 hour in length. If you arrive late to a session, the session will **NOT** be extended, but will end at the scheduled time.

**DO NOT ENTER THE POOL UNLESS THE THERAPIST IS PRESENT.**

**Please call Cool Springs Physical Therapy at: (724) 662-2800 within 24 hours of scheduled appointment or earliest convenience if you are planning to cancel the session.**

**ABSOLUTELY** no diving allowed/no horseplay allowed. This will be a cause for dismissal from the aquatics program.

Enter shower before entering pool.

Dark colored T-shirts and shorts may be worn in the pool but must have finished edges. (Cut-offs are not allowed.)

The Cool Spring Fitness pool is fully grounded however, in case of a potential thunderstorm and/or the identification of lightening, all patients and staff will exit the pool until no further lightening/storm is present, per the policy of Cool Springs Fitness. If a storm is present prior to your session and you are concerned about entering the pool, please contact the Cool Springs Aquatic Director to find out if the pool will be open for your session. There phone number is: (724) 662-1910.

I have read, understand, and I agree to the following information.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_