Hydrotherapy Referral Form

(for CSSG co-ordinated Hydrotherapy Sessions, Cope Foundation)

Participant Name: **Date of birth:**

Address:

Contact tel. No.:

Next of Kin Name

Contact Number

GP Name / Address

Tel. No.:

Date of Stroke:

Hospitals Attended post Stroke:

Other Medical Conditions impacting on mobility / function: Yes / No
Provide Details:

Current Mobility / Function:

Walking Independently **Yes / No** Walking Aid _____

Assistance Required **Yes / No** _____

Immobile ☐ Hoist Transfer Required **Yes / No**

Upper Limb Weakness: Yes / No **Right Side** ☐ **Left Side** ☐

Lower Limb Weakness: Yes / No **Right Side** ☐ **Left Side** ☐

Currently attending Physiotherapist Yes / No

If yes, state name of physiotherapist & location:

Swimming Pool:

Has been in pool since stroke **Yes / No** Competent Swimmer pre stroke: **Yes / No**

Requires Assistance in the pool: **Yes / No**

Aims of Hydrotherapy: To help control muscle tone: ☐

To maintain / increase range of movement ☐

To increase strength in weak muscles ☐

To work on proprioception ☐

To provide psychological boost from exercise ☐

To increase confidence in water based activity ☐

Other ☐

I will not undertake pool exercise if I feel unwell.

Participant Signature: ***Date:***

Cork Stroke Support Group, Activity Centre, St Finbarr's Hospital, Douglas Rd., Cork,
Contact: 086 7871999 / 087 3569555

Hydrotherapy Referral Form

(for CSSG co-ordinated Hydrotherapy Sessions, Cope Foundation)

For completion by GP: Please indicate if your patient has any of the following conditions which may prevent participation in hydrotherapy sessions (will be tailored to suit individual needs).

Contraindications (please circle either Yes or No

Uncontrolled angina/cardiac failure	Yes / No
first trimester of pregnancy	Yes / No
Recent CVA, DVT, PE < 6 weeks)	Yes / No
Urinary/faecal incontinence	Yes / No
Skin infections (bacterial or fungal)	Yes / No
Open/infected wounds	Yes / No
Systemic Illness or pyrexia	Yes / No
On dialysis	Yes / No
Recent Chemo/Radiotherapy (3/12)	Yes / No
Diarrhoea and Vomiting	Yes / No

Precautions (please tick all that apply)

fear of water	Yes / No
Undiagnosed Chest Pains	Yes / No
Asthma	Yes / No
kidney disease/pathology	Yes / No
HIV/Hep C	Yes / No
greatly reduced vital capacity	Yes / No
learning disabilities/behavioural	Yes / No
sensitivity to Chlorine/Bromine	Yes / No
epilepsy	Yes / No
diabetes	Yes / No
Currently undergoing therapy	Yes / No
Other (please specify)	Yes / No

GP Signature:

Date

Cork Stroke Support Group, Activity Centre, St Finbarr's Hospital, Douglas Rd., Cork,
Contact: 086 7871999 / 087 3569555