sharpe's physio

VHP
Valentine Hydrotherapy Pools Inc

HYDROTHERAPY CLASSES APPLICATION FORM

@ Valentine Hydrotherapy Pool with Physio Bronte Shepherd

TITLE: ..... SURNAME: ..... GIVEN NAME/S: .....

DATE OF BIRTH: ..... EMAIL: .....

ADDRESS: ..... POSTCODE: .....

CONTACT NUMBERS: MOBILE: ..... HOME: ..... WORK: .....

YOUR USUAL DOCTOR: .....

REASONS FOR NEEDING HYDROTHERAPY:

.....

WILL YOU BE ATTENDING HYDROTHERAPY WITH A CARER
(SERVICE PROVIDER OR FAMILY MEMBER)? YES ☐ NO ☐

CARER DETAILS: NAME: .....CONTACT NUMBER: .....

COMPANY OR SERVICE THE CARER IS EMPLOYED BY?: .....

PLEASE ADVISE US OF YOUR EMERGENCY CONTACT – NAME, NUMBER & RELATIONSHIP:

.....

SWIMMING ABILITY

GOOD ☐ MODERATE ☐ POOR ☐

ARE YOU AFRAID OF THE WATER? YES ☐ NO ☐

ALL POOL USERS MUST SIGN BELOW:

If you have been, or are being treated for a heart problem, we regret that you cannot use the pool until we receive a referral from your doctor, acknowledging your condition and the he/she is aware that the therapy pool temperature is 35 °C, and that he/she considers you a suitable patient for hydrotherapy.

I, the undersigned, state that the above information is true and correct.

Patient Sign Patient Date

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

YES	NO	CONDITION	DETAILS
☐	☐	Heart condition (angina, medications)	
☐	☐	Uncontrolled blood pressure (high or low)	
☐	☐	Epilepsy (frequency of fits)	
☐	☐	Diabetes	
☐	☐	Swallowing problems	
☐	☐	Respiratory conditions (shortness of breath, asthma)	
☐	☐	Peripheral Vascular Disease	
☐	☐	Integrity of skin (broken, ulcers, dressings)	
☐	☐	Skin condition (tinea, plantar warts, allergies)	
☐	☐	Recurrent ear infections or grommets	
☐	☐	Visual impairment	
☐	☐	Hearing difficulties (aides)	
☐	☐	Acute inflammatory condition (Rheumatoid Arthritis)	
☐	☐	Cancer (Radiotherapy/chemotherapy)	
☐	☐	Genito-urinary tract (infections, incontinence, catheter)	
☐	☐	Bowel problems (faecal incontinence, colostomy, recent diarrhea)	
☐	☐	Pregnant	
☐	☐	Previous surgery	
☐	☐	Haemophilia	
☐	☐	Contagious diseases (measles, flu)	
☐	☐	Contagious disease (Hepatitis, AIDS). If yes, no pool entry if menstruating.	
☐	☐	Lymphoedema	
☐	☐	Spinal cord lesion	
☐	☐	Mental health condition	
☐	☐	Family history of any of the above	

Medications

PAYMENT DETAILS

Will this injury be subject to an insurance claim or legal action? Yes ☐ No ☐

PRIVATE PATIENT

Paying for your class: Due to the nature of this class being outside of our usual premises, you will be emailed an invoice prior to your class to make payment via PayPal. If you would prefer you can call and give us your card details over the phone or in person at our clinic in Charlestown.

Do you have Private Health Insurance for physiotherapy? Yes ☐ No ☐

Fund _____

We will send you an invoice which you can use to claim your health insurance rebate

PAYMENT BY ANOTHER BODY

DVA Gold Card ☐ White Card ☐ DVA Number _____

DVA referral date _____

MEDICARE Referral date_____Dr's provider number _____

WORKCOVER/INSURANCE CLAIM/

Claim/File number _____

Medical certificate date: _____

Insurance company: _____

Phone _____

Address _____

PLEASE HAND THIS FORM IN ALONG WITH ANY REFERRAL PAPERWORK PRIOR TO YOUR CLASS

Thank you