BARCODE

Binding Margin – No Writing

Royal Rehab Private

Aquatic Physiotherapy Medical Clearance (PAMC.116)

FAMILY NAME ____________________ MRN ________________
GIVEN NAME ______________________ ☐MALE ☐FEMALE
DoB _______/_______/_______ M.O.___________________________
ADDRESS ____
____
LOCATION/WARD ____
COMPLETE ALL DETAILS OR AFFIX CLIENT LABEL HERE

Patient Information	**Referrer Information**
Full Name:	Name:
Date of Birth:	GP ☐ Specialist ☐ Allied Health Practitioner ☐ Other ☐ *(Please specify)* __________________
Address:	Address:
Phone:	
Mobile:	Phone:
Unit:	**GP Information (if an outpatient)**
☐ Royal Rehab Private Hospital ☐ Private Outpatient	Name:
	Address:
	Phone:

Presenting condition (reason for referral):

Medical Checklist

Contraindications	Y	N	Precautions	Y	N
Uncontrolled cardiac or renal failure	☐	☐	Fear of water	☐	☐
Shortness of breath at rest/ resting angina	☐	☐	Behavioural problems	☐	☐
Epilepsy (uncontrolled)	☐	☐	Epilepsy (controlled)	☐	☐
Acute diarrhoea or vomiting	☐	☐	Grafts/ 'donor' sites healing must be complete	☐	☐
Current infection e.g. UTI	☐	☐	Gross obesity (over_________kg)	☐	☐
Airborne infection e.g. Influenza	☐	☐	Haemophilia	☐	☐
Open wound	☐	☐	MRO*	☐	☐
Rashes with broken skin/ irradiated skin	☐	☐	Hypotension	☐	☐
Fever	☐	☐	Wounds healed or that can be covered with occlusive dressings	☐	☐
Proven chlorine allergy	☐	☐	Contact lenses/ conjunctivitis	☐	☐
Known aneurysm	☐	☐	Hearing aids/ grommets	☐	☐
Unstable diabetes	☐	☐	Impaired sensation/ vision/ hearing	☐	☐
Incontinence of urine/faeces	☐	☐	Pace maker	☐	☐
IV and PICC lines insitu	☐	☐			

*MRO = Multiresistant organisms (eg MRSA, VRE)

If you have ticked 'yes' for any of the above, or have any other relevant medical history please provide full details below:____

____

Referrer signature____________________________________Date____________________________

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