

# AFFILIATED PHYSICAL THERAPY, LLC

## POOL INFORMATION FORM

PATIENT NAME: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Do you have any issues with bowel/bladder control?<br>(incontinence: stress, urge, functional; dribbling or leaking; diarrhea)                                     | YES | NO |
| 2. Do you have any IV sites, feeding tube or catheter?  | YES | NO |
| 3. Do you know of any infections (respiratory, bladder, kidney, urinary tract) or communicable diseases which you may have at the present time?                       | YES | NO |
| 4. Are you currently taking any medication(s)? Please list below unless previously provided list or you listed on patient information form<br>_____<br>_____<br>_____ | YES | NO |
| 5. Are you running a temperature at the present time?   | YES | NO |
| 6. Do you have any wounds/open skin areas, skin lesions or dressings/bandages that are not waterproof?  | YES | NO |
| 7. Do you have a history of diabetes/problems controlling your blood sugar?   | YES | NO |
| 8. Are you experiencing discomfort/burning when emptying your bladder? Have you noticed yourself urinating more frequently than usual?                                | YES | NO |
| 9. Do you or have you had any cardiac issues (heart attack, angina (unstable/exercise-induced), high/low blood pressure, irregular heart beat, stents)                | YES | NO |
| 10. Do you have a history of seizures? If yes, are they controlled and when was your last:<br><br>CONTROLLED/UNCONTROLLED ; _____                                     | YES | NO |
| 11. Do you have a sensitivity to heat (ex.: Multiple Sclerosis)   | YES | NO |
| 12. Do you have any skin sensitivities or conditions affecting/compromising your skin?  | YES | NO |
| 13. Do you have a history of blood clots (DVT) and are you on anticoagulation therapy or have a filter?   | YES | NO |
| 13. Are you able to swim?   | YES | NO |
| 14. How would you classify yourself regarding your comfort level in and around water (please circle):   |     |    |

HYDROPHOBIC (fearful) , SOMEWHAT COMFORTABLE, COMFORTABLE , HIGHLY COMFORTABLE/NO ISSUES

**I was provided with a copy of Affiliated Physical Therapy's guidelines for aquatic therapy and have read/understand the above questions. I have answered them honestly and to the best of my knowledge.**

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**AFFILIATED PHYSICAL THERAPY, LLC**  
**POOL GUIDELINES: FOR YOUR PROTECTION AND THE PROTECTION OF OTHERS**

Please be sure to empty your bowels and bladder if there is any question before entering the pool.

Please utilize the shower adjacent to the restroom prior to and following your aquatic session. This will help maintain chemical stability and help to avoid skin irritation respectively.

Please advise staff of any open sores. We may be able to cover some areas with Tegaderm (waterproof/breathable bandage), where as others may be too large or present with signs of infection which would not allow aquatic exercises to be performed.

Please inform the staff if you have been diagnosed with a urinary tract infection. If you have notice any changes in urination frequency, burning or pain, or changes in the color/smell of your urine, please contact your physician.

Please inform the staff if you have a respiratory or blood infection.

Please inform the staff if you have a history of seizures/diabetes (controlled/uncontrolled)/cardiac issues (unstable/exercise-induced angina).

Please do not enter the water if you are menstruating unless you have internal protection.

Please inform the staff of any history of blood clots and if you are on anticoagulation therapy or have a filter.

Please do not enter the water if you have an ostomy/stoma, or Foley catheter. Tracheostomy must be healed before one is allowed to enter the water.

Please inform the staff if you have had or have been recently diagnosed with MRSA (Methicillin-resistance staphylococcus aureus), VRE (Vancomycin-resistant enterococci), hepatitis or any other communicable diseases.

**Please leave all valuables on the pool desk where they are visible to you. You may bring a lock with a key with you if desired and lockers are available behind pool desk. Affiliated Physical Therapy is not responsible for any lost or stolen items. Signs are also posted in changing rooms.**