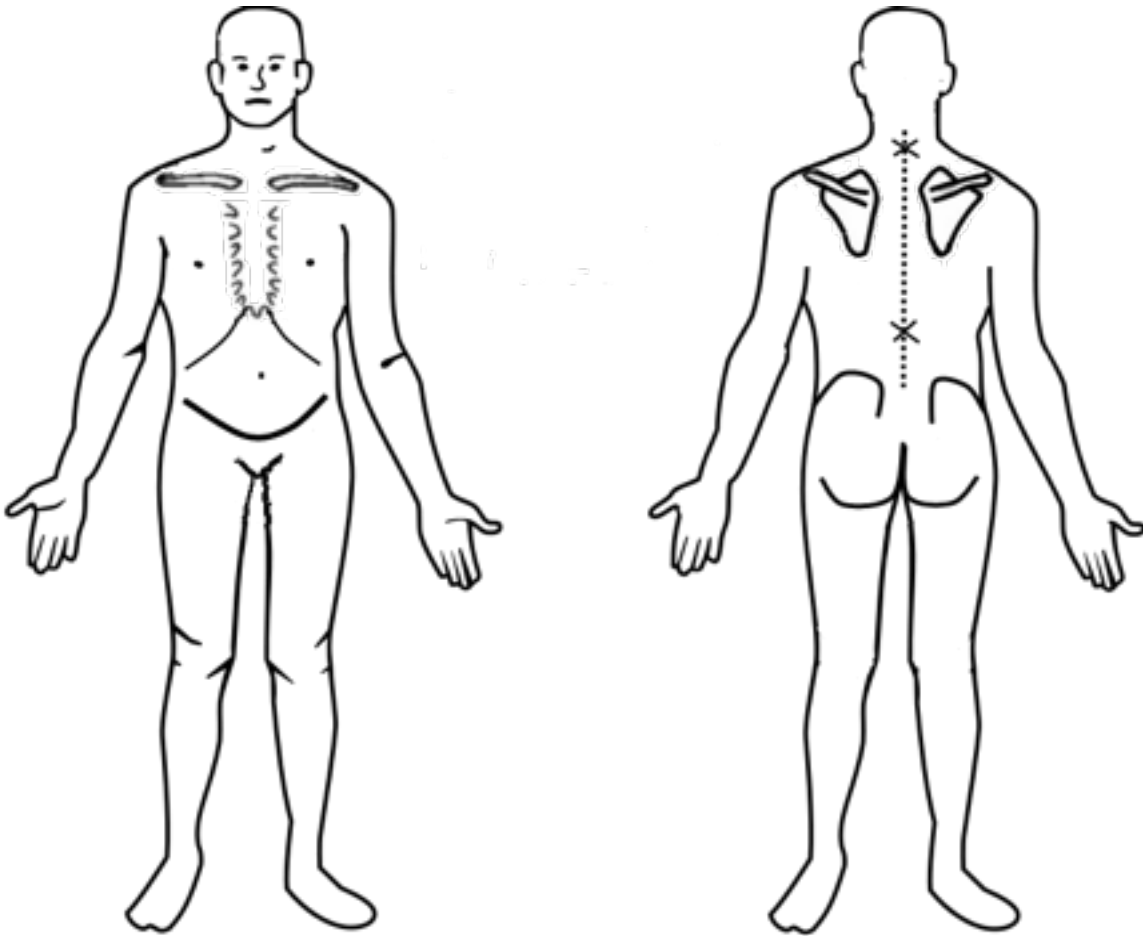


*Hydrotherapy Class Health Screen*

Name.....DOB.....

Address.....

.....Contact No.....



**Please indicate on drawing above any areas of pain and detail below:-**

.....  
.....  
.....

.....Please detail your height.....

**Can you walk up and down the stairs with a rail? YES/NO Do you use a walking aid? YES/NO**

*Hydrotherapy Class Health Screen*

**Please circle if you have any of the following:-**

- |                         |                               |
|-------------------------|-------------------------------|
| Acute heart failure     | Diabetes                      |
| Chronic heart failure   | Grommets                      |
| Angina                  | Asthma                        |
| High/low blood pressure | Fragile skin                  |
| Currently pregnant      | Fear of water                 |
| Acute renal failure     | Open wounds/ulcers            |
| Epilepsy                | Poor eyesight/hearing         |
| Sensitivity to chlorine | Fatigue easily                |
| Temperature/Infection   | Bladder infection or cystitis |
| Incontinence            | Surgery in the last 3 months  |

**Please give details:-**

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**If you take any medications please list below:-**

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