



Pre-Pool Questionnaire

Date:

Name:

Age:

Telephone Number:

Good day/time to call:

Current problem/Diagnosis:

Previous medical history, hospital admissions, operations:

Are you under the care of a consultant?

Medication:

Weight:

Do you use:

- A wheelchair
- Walking aids
- Any other aids (brace, splint, etc)

Can you swim?

Are you or have you recently been suffering from:

- Medical instability following an acute episode of stroke, DVT or Asthma
- Acute vomiting or diarrhoea
- Chlorine allergy
- Resting angina
- Shortness of breath at rest
- Inability to lie flat
- Acute infection
- Irradiated skin due to radiotherapy
- Known aneurysm
- Open infected wounds
- COVID-19 and/or symptoms (cough, high temperature, changes or loss of smell/taste) or been in contact with anyone with symptoms in the last **two** weeks
- Poorly controlled epilepsy
- Unstable diabetes
- Fear of water
- Incontinence of urine or faeces
- Low blood pressure
- Renal failure
- Impaired vision / sensation / hearing
- Prone to blackout

Is there anything else you would like to mention?

Occupation / Leisure activities:

Please complete and forward to our Aquatic Physiotherapist, Ankie, at ankiepost52@gmail.com