



Kernow Hydro

HEALTH SCREENING QUESTIONNAIRE AND INFORMED CONSENT
(This form must be completed by each person using the pool)

Full Name:	
Address:	
	Postcode:
Email:	
Date of birth:	Mobile:
Telephone day:	Evening:

GP's Name and Address

Dr Name:	Surgery:
Address:	
	Postcode:

Emergency Contact

Name:
Telephone:

Your details:

What is your main reason for wanting to use Kernow Hydro?
How confident are you in the water?: 1 2 3 4 5 (1: not confident 3: Comfortable 5: very confident)
Can you swim? Yes / No
Have you used a Hydrotherapy pool before? Yes / No If yes, please give date and location:
Were you referred?: By whom:
Do you experience shortness of breath whilst at rest?
Do you ever experience chest pain?

Over the past 3 months have you had any of the following?	If YES, please explain here
1.Stroke	Yes / No
2.Heart Attack	Yes / No
3.Deep Vein Thrombosis	Yes / No
4.Pulmonary Embolism	Yes / No

Do you have any of the below medical conditions?	Please explain if any apply
High/unstable blood pressure	
Diabetes	
Asthma	
Arthritis	
Epilepsy	
Skin Condition	

Do you suffer from any bowel incontinence:	
Do you have a stoma bag?	
If you are Pregnant, how many weeks pregnant are you?:	weeks
If you need assistance to enter the water, or in the water, please specify: (If you're bringing a carer with you, they are also required to complete a health questionnaire)	
Please list any other known medical conditions, current medications, recent operations, and treatment with relevant dates.	

Please ensure that you inform the staff of Kernow Hydro if anything you have completed on this form changes, especially related to your **heart, breathing, blood pressure, balance, mobility or continence**. If you become pregnant after completing this form, please ensure you inform Kernow Hydro staff because Hydrotherapy is not advised for the first 16 weeks of pregnancy. Do not enter the pool if you have or experience vomiting or diarrhea within the previous 72 hrs. You are not permitted to enter the hydrotherapy pool until you are **clear of all symptoms for at least 72 hours**.

<i>I have answered the above questions to the best of my knowledge. I have read and undertake to meet 'The Kernow Hydro Pool Rules'.</i>	
Signed:	Date: