

Aquatic Therapy Consent Form

Precautions/Contraindications of Aquatic Physical Therapy

Please check if any of these apply to you currently:

- Incontinence of feces or urine
- Contagious skin rashes
- Abnormal blood pressure
- Perforated eardrum or ear infection
- Open wounds unable to be covered by bio-occlusive dressing
- Fever
- Epilepsy/seizures
- Infectious diseases such as AIDS, Hepatitis, MRSA
- Hydrophobia – fear of water
- Kidney diseases
- Medications that may cause drowsiness
- DVT, pulmonary embolism
- Heart condition

I voluntarily agree to participate in Aquatic Physical Therapy at Crom Rehabilitation and I will abide by the pool rules and recommendations of the Physical Therapist. I understand that there are risks associated with aquatic therapy including, but not limited to, hypotension (decrease in blood pressure), skin reactions to water, dizziness, falls and drowning. Should any complications occur, I agree to the medical care required to correct the complication. I fully understand the risks and responsibilities of participating in the aquatic therapy program.

Patient Signature: _____ Date: _____