Arthritis SOUTH AUSTRALIA HYDROTHERAPY

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Welland SA 5007
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Arthritis SA Warm Water Exercise Program

Hydrotherapy Client Intake Form

Title:	First name:	Last name:
Address:		Suburb/Town:
State/Territory:	Postcode:	Date of Birth: _____ / _____ / _____
Phone (h):	Phone (w):	Mobile:
Email address:		Confirm email address:
Emergency contact name:		Emergency contact phone:

MEDICAL INFORMATION

Current and previous medical conditions *(include type of arthritis and location in your body)*:

Current medications and supplements *(name, action and dosage)*:

Current treatments: (*e.g. physiotherapy, hydrotherapy, massage)*

Do you use any of the following to assist with your mobility?

☐ Wheelchair ☐ Walker ☐ Walking stick ☐ n/a

Have you had any falls in the past year?

☐ Yes ☐ No ☐ No, but I am worried about falling

Participant Agreement

I, ____
(Please Print Full Name)

____

(Full Address) (Phone Number)

hereby apply to participate in the Warm Water Exercise programs organised by Arthritis SA and I have read and will comply with the Arthritis SA Pool Rules.

I can swim - ☐ YES ☐ NO

I would like to request to have a carer attend pool sessions with me YES/NO

Signature: ____ Date: _______________________

Note: Please be aware this Medical Clearance and Agreement Form is only valid for a period of 12 months from the date the form is signed by your doctor.

Privacy Agreement

Arthritis SA collects information from you for the primary purpose of supporting you to access warm water exercise. To enable ongoing support, and in keeping with the Privacy Act 1988 and Australian Privacy Principles, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.

☐ I give permission to be contacted via SMS to my mobile phone number and/or email to the address I have provided.

☐ I give permission for disclosure of health information to others involved in supporting me to participate in the warm water exercise.

At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important, and we will take all steps necessary to ensure they remain confidential.

I, ______________________ have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

Signature: _________________________________

Date: _____________________________________