

# Arthritis SA Warm Water Client Intake Form

Please complete the sections below and return to Arthritis SA via email to [hydro@arthritissa.org.au](mailto:hydro@arthritissa.org.au) or post to 111a Welland Avenue, Welland SA 5007

Title:	First name:	Last name:
Address:		Suburb/Town:
State/Territory:	Postcode:	Date of Birth: ____ / ____ / ____
Phone (h):	Mobile:	
I prefer to be contacted via (please tick one): <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Email address:		
Emergency contact name:		Emergency contact phone:

## MEDICAL INFORMATION

- Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?  
 YES    NO
- Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/ exercise?  
 YES    NO
- Do you ever feel faint, dizzy, or lose balance during physical activity/ exercise?  
 YES    NO
- Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?  
 YES    NO
- If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?  
 YES    NO
- Do you have any other conditions that may require special consideration for you to exercise? E.g., recent surgery or injury?  YES    NO

Please tick which type of arthritis you have and where it is in your body:

- Osteoarthritis       Gout                       Ankylosing spondylitis                       Fibromyalgia  
 Rheumatoid arthritis       Psoriatic arthritis       Other: \_\_\_\_\_

- It affects my:  Neck       Back       Shoulders       Wrists       Feet       Fingers  
 Hips       Knees       Ankles       Other: \_\_\_\_\_

Do you have, or have you had any of the following?

- Broken bone(s)       Osteoporosis/osteopenia       Migraines/headache       Stroke  
 Sprain(s)       Incontinence       Dizziness       Diabetes  
 Dislocation(s)       Anaemia       Chronic fatigue       Respiratory issues  
 Asthma       Cancer       Depression/anxiety       High or low blood pressure  
 Heart disease/ chest pain/ heart condition  
 Surgery in the last  3 months    12 months    3 years      Other: \_\_\_\_\_

Please provide more details on the above:

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

Wheelchair       Walker       Walking stick       n/a

Can you get on and off the floor independently?     YES       NO

Have you had any falls in the past year?

Yes       No       No, but I am worried about falling

If yes, how many? \_\_\_\_\_

Did you need to see your GP or go to the emergency department for treatment (e.g., X-ray, stitches)?

How would you describe your swimming ability?

Poor       Fair       Good       Excellent

If you are doing the Hydro Move program Arthritis SA will contact you once your forms have been received to arrange your initial assessment appointment.

Please note that a Medical Clearance may need to be signed by your GP depending on your health status. Arthritis SA will contact you if this is required before you start. *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.*

#### Participant Informed Consent and Disclaimer

I, \_\_\_\_\_  
(Please Print Full Name)

consent to participate in Arthritis SA's warm water exercise sessions ('the program') and acknowledge unconditionally that I have given an accurate account of my health, any relevant medical conditions, and my swimming ability. I acknowledge that it is solely my responsibility to advise Arthritis SA if my medical status, health and/or swimming ability changes in a way that could reasonably be expected to affect, in any way, my safe participation in the program. If I am unsure as to whether a change in my medical status, health and/or swimming ability will affect my safe participation in the program, it is my responsibility to consult a doctor or other appropriately qualified healthcare professional.

I acknowledge the novel coronavirus (Covid-19) has been declared a pandemic by the World Health Organisation and is highly contagious through person-to-person contact. In signing this form, I accept all risk, loss and personal injury associated with risk of Covid-19 and release Arthritis SA from all forms of claim.

I also accept that there are risks involved in any therapeutic water activity. I have been advised of pool rules and I am aware of factors relating to fatigue and dehydration from exercising in water. I have freely consented to participating in the program with full knowledge and appreciation of and acceptance of the risks to my own personal safety, including drowning.

I acknowledge that a \$20 non-refundable deposit is required to secure my place in the program. I also accept that any hydrotherapy session missed due to ill health may be made up if there is capacity in another suitable hydrotherapy session and that all make-up sessions must be completed within the current hydrotherapy period and cannot be carried over or transferred to another period or individual. I accept that full fees for the period I am enrolled for must be paid in full either via an agreed payment plan or up front and are non-refundable.

#### 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: \_\_\_\_\_