

# Woodview H<sup>2</sup>O Hydrotherapy Pool - Screening form

<b>Name</b>		<b>Date of birth</b>	
<b>Address &amp; Tel</b>			
<b>Emergency contact &amp; Tel</b>			

**1. Do you have any health problems such as those listed below?**

<b>Heart</b>	Angina? Blood pressure? Peripheral vascular disease
<b>Chest</b>	COPD? Shortness of breath? Respiratory Disease?
<b>Digestive system</b>	Incontinent? Diarrhoea? Gastroenteritis? Colostomy?
<b>Skin</b>	Wounds? Altered sensation? Chemical sensitivity?
<b>Eyes and Ears</b>	Visual impairment? Hearing impairment? Aids required?
<b>Other</b>	Epilepsy? Infections? Allergies? A heat sensitive condition? Diabetic? Pregnancy? Recent injury or operation? Or Radiotherapy

<b>Please tick</b>	<b>Yes</b>		<b>No</b>	
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**If you answer YES please expand on the details below or overleaf? Please include medication taken.**

Woodview H<sub>2</sub>O Hydrotherapy Pool will not be liable for any accident or injury caused by undisclosed information from the service user or carer. Also any changes in this information should be reported

**2. Do need to use the hoists?**

<b>Yes</b>		<b>No</b>	
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**3. Do you need assistance changing?**

<b>Yes</b>		<b>No</b>	
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**If Yes do you have you enough staff to help change in the hour slot?**

<b>Yes</b>		<b>No</b>	
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**4. Are you a carer or assistant?**

<b>Yes</b>		<b>No</b>	
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**If Yes...Have you completed your moving and handling training?**

<b>Yes</b>		<b>No</b>	
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**Terms of use**

**All Pool users** should follow the pool policies and procedures. E.g. **No Jewellery, make up or cosmetic creams** to be worn in the pool. Shower prior to entry into the pool.

Any **personal slings** not covered under LOLER regulations are to be used at the carers/individuals own risk. **LOLER regulations checks should be undertaken prior to use** at Woodview H<sub>2</sub>O. The slings have to be compatible with the hoists at the pool (Oxford type). Staff at the pool reserve the right to refuse the use of any equipment that is legally non-compliant or unsuitable for use.

**All Carers** should have **moving and handling** training before using any of the pool equipment.

Any **damage to equipment**, the interior of the pool or its surroundings will be the **responsibility of the group or individual** and will be charged accordingly. Any **contamination of the water**, which includes faecal incontinence and results in necessary remedial action, will be **charged to the group or individual**.

**Any abuse** of the staff, other service users or pool facilities will result in cessation of session and future bookings.

Please sign below to state you have understood and agree to these terms of use

Date \_\_\_\_\_ Sign \_\_\_\_\_ Print \_\_\_\_\_