

☐ Alfred ☐ Sandringham ☐ Caulfield

Caulfield Community Health Service  
Telephone – 9076 6222

## HEALTH ASSESSMENT QUESTIONNAIRE

Dear Doctor

Your patient is attending Caulfield Community Health Service to participate in a Healthy Living Program.

Medical clearance for participation in physical activity and/or aquatic (hydrotherapy) programs is required when starting, and every twelve months or sooner should health status change.

### MEDICAL HISTORY

To ensure our information is current, please tick and provide details, if any of these conditions are present, or have developed since this questionnaire was last completed.

Any information considered appropriate to participating in this physical activity should be added.

Condition	Comments
<input type="checkbox"/> Heart condition / pacemaker	
<input type="checkbox"/> Blood pressure <input type="checkbox"/> High <input type="checkbox"/> Low	
<input type="checkbox"/> Angina / Arrhythmia / Acute Myocardial Infarction	
<input type="checkbox"/> Musculoskeletal – arthritis location	
<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Asthma <input type="checkbox"/> COAD	
<input type="checkbox"/> Diabetes	Type:
<input type="checkbox"/> Neurological conditions	
<input type="checkbox"/> Fainting <input type="checkbox"/> dizzy spells <input type="checkbox"/> vestibular <input type="checkbox"/> migraine	
<input type="checkbox"/> Falls / trips	
<input type="checkbox"/> Bladder incontinence <input type="checkbox"/> Bowel incontinence <input type="checkbox"/> Stress incontinence	
<input type="checkbox"/> Ear problems	
<input type="checkbox"/> Skin rash <input type="checkbox"/> tinea <input type="checkbox"/> wart <input type="checkbox"/> plantar wart	
<input type="checkbox"/> Pregnant	

Other medical conditions developed in the last twelve months

Bone density score (if applicable)

Blood Pressure

Resting Heart Rate

Hba1c  
(if applicable)

**MEDICATIONS** – or attach summary

**PARTICIPATION** - In my opinion, this patient is medically fit to participate in the following program –

☐ Physical Activity ☐ Hydrotherapy.

**Restrictions or precautions:** (list)

Doctor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date: ..... / ..... / .....

Return Questionnaire to: [hlc@alfred.org.au](mailto:hlc@alfred.org.au) or Fax: 9076 4060



UR

Family Name

Given Names

Address

Date of Birth  Sex ☐ Female ☐ Male ☐ Other

<b>Information for Practitioner – Physiological Effects of Water Immersion</b>
<b>Note: Our hydrotherapy pool temperature is 34-35C</b>
<b>Those at Risk due to physiological effects of water immersion</b> <ul style="list-style-type: none"><li>• Cardiac patients, especially left side failure</li><li>• Those with increased work of breathing (e.g. kyphoscoliosis)</li><li>• Those with respiratory muscle weakness</li><li>• Airways resistance problems</li><li>• Very low vital capacity (relative to patient size)</li><li>• Renal failure</li><li>• Severe postural hypotension</li><li>• Uncontrolled hypotension</li><li>• First trimester of pregnancy</li></ul>



Dec 2022