



PHONE: 1300 855 442

FAX: 1300 855 099

Hydrotherapy GP Medical Consent form

Patient Name: _____

DOB: _____

By signing this document you are confirming:

There are no medical issues to prevent the commencement of a supervised water exercise program in a hydrotherapy pool (approx. 34 degrees C) by a Physiotherapist or Exercise Physiologist.

Please outline any additional issues that need to be taken into consideration:

Print Name: _____

Date: _____

Signature: _____

Provider Number: _____