



AQUATIC THERAPY QUESTIONNAIRE

Patient Name: _____

- Bowel and/or bladder incontinence? Yes No
- Any open wounds/sores or rashes? Yes No
- Epilepsy/seizure disorder? Yes No
- Do you have impaired balance? Yes No
- Do you have difficulty going up or down stairs? Yes No
- Do you have difficulty bearing weight through your leg(s)? Yes No
- How do you swim? Good Fair Poor Not at all

SWIMMING SKILLS ARE NOT NECESSARY TO PARTICIPATE

I will advise the therapist if there is any change in my physical condition, which would alter my response to any of the questions on this form.

Patient Signature

Date