

# Thamesdown Hydrotherapy Pool

On the next page to this document is a printable treatment card.

Please fill in & bring it to the Thamesdown Hydrotherapy Pool, where our staff will happy to discuss your treatment requirements & general use of the pool.

We look forward to meeting you.

(To print out this treatment form, click on File and select print)

# THAMESDOWN HYDROTHERAPY POOL

## Request for Hydrotherapy Pool treatment

This patient would benefit from the use of Thamesdown Hydrotherapy Pool and would appreciate sessions being made available at mutual convenience. There is a charge for this service. Please take a leaflet.

<b>Name:</b>	<b>Date:</b>
<b>Address</b>	<b>Sex: M / F</b>
<b>Telephone No. (If Known) :</b>	
<b>Age Group in years:</b> 0-4    5-16    17-20    21-30    31-40    41-50 ( circle group)                            51-60    61-70    71-80    81-90    91-100	
<b>Condition requiring Hydrotherapy:</b>	
<b>Any other medical condition:</b>	
<b>Duration of Use:</b> 3 Months            6 Months            1 Year	
<b>Practitioner's Stamp</b>	
<b>Signed</b>	

Thamesdown Hydrotherapy Pool Association  
 Jeffries Avenue, Off Cricklade Road, Swindon. TN2 6HJ. Tel: (01793) 496002  
 Manager: Mr. Paul Charlwood. Assistant Manager: Mrs. Janet Platt