

# **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>	

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