



The Wilson Home Trust

For Children with Physical Disabilities

www.wilsonhometruster.org.nz

HYDROTHERAPY WAITLIST FORM

Date

Name of child DOB

Address

Name of parent Ethnicity

Phone number Email address

Name of a caregiver if not the parent Relation

Would you like to receive WHT information and newsletter Yes / No

Child Information

Diagnosis

Relevant medical history, surgeries

Any planned medical interventions e.g. Surgery

Medical Alerts or Allergies: (e.g. Epilepsy)

Lines / Catheters

Method of entering the pool Hoist / Chair / Walk / Parent or Caregiver

Preferred Afternoon for Hydrotherapy session Monday or Wednesday

Please email the completed form and a diagnosis letter to felicityh@wilsonhometruster.org.nz or call 09 485 3461
or mail to: Private Bag 93517, Takapuna, Auckland 0740

Please note: Your child may not be able to attend hydrotherapy if they have uncontrolled seizures, unstable medical conditions, renal failure, a compromised immune system or any acute conditions such as infections / diarrhoea / open wounds / recent bleeding episode or active cold sores.

Also, there are precautions with some lines and catheters.

Please list all conditions and we will contact you if we need any further information to ensure the safety of your child on the pool. There will also be an initial land-based session to ensure all contraindications and precautions are considered.