



THE WILSON HOME TRUST
Grants to enable - making a difference

HYDROTHERAPY WAITLIST REGISTRATION FORM

Date:.....

Name of child..... DOB

Address:.....
.....

Name of parent/s: 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 eg 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 to felicityhendricks@wilsonhometruster.org.nz or call 09 485 3461 or mail to:
Private Bag 93517, North Shore City, 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.