

# Aquatic Physical Therapy Assessment Form

## Patient Information

Name

Date of Birth

Phone

Email

Address

## Medical History

Primary Diagnosis

Current Medications

Allergies

Precautions/Contraindications

## Aquatic Safety Screening

☐

Open Wounds

☐

Incontinence

☐

History of Seizures

☐

Heart conditions

☐

Other conditions

Additional Safety Concerns

## Functional Assessment

Mobility Level

Pain Level (0-10)

Patient Goals

## Therapist Notes

Assessment Findings

Plan/Recommendations

Therapist Name

Date