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| **A picture containing graphical user interface  Description automatically generated** | **Queensland Health**  **Physiotherapy**  **Aquatic physiotherapy and cytotoxic agents’ management plan** |

This form can be used for aquatic physiotherapy patients on cytotoxic drugs.

Place the completed form in the patient’s medical record.

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| **Patient name:** | **Patient’s UR:** | |
| **Cytotoxic agent(s):** | **Name of drug(s):**  **Dosage (s):**  **When taken:** | |
| **History of incontinence** | Yes   (Exclude from aquatic physiotherapy)  No    (Record any further details below)  Unsure    (place referral on hold until risk resolved) | |
| **Appropriate for pool / aquatic physiotherapy** | Yes   (Record any precautions and management plans below)  No    Exclude from pool for following period: | |
| **Assessment outcomes discussed with patient** | Yes  No  Comments: |    |
| **Precautions** | | |
|  | | |
| **Management plan** | | |
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