

## REFERRAL TO HYDROTHERAPY

### Patient Information:

Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Patient's PCP: \_\_\_\_\_

### Referral Information:

Goals of Treatment: \_\_\_\_\_

\_\_\_\_\_

ICD-10: \_\_\_\_\_

Active Problem List: \_\_\_\_\_

\_\_\_\_\_

Number of Treatments: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

**\*\*Expiration: This referral will expire after the number of treatments has been completed or after 12 months from this date, whichever comes first. A new referral will need to be submitted after expiration to ensure that the patient is still a candidate for hydrotherapy.**

### TREATMENT SELECTION: Please check treatment choice(s)

**Constitutional Hydrotherapy with Sine**

**Contraindications** include acute/uncontrolled asthma, sustained arrhythmia, pacemaker, active GI bleed, over metallic or silicone implants, and pregnancy. **Cautions** include current cancer diagnosis, new fracture/osteoporosis, PUD, IBD, acute UTI, and immunosuppressive or anti-rejection drug therapy.

**Constitutional Hydrotherapy without Sine**

**Contraindications** include acute/uncontrolled asthma. **Cautions** include sustained arrhythmia, CHF, and immunosuppressive or anti-rejection drug therapy.

**Diathermy**

**Contraindications** include pacemaker, metallic or silicone implants, cancer, and pregnancy. **Cautions** include diabetes.

**Hot Fomentation**

**Contraindications** include acute/uncontrolled asthma, CHF, PVD, acute menorrhagia, and pregnancy. **Cautions** include current cancer diagnosis and diabetes.

**Russian Steam Bath**

**Contraindications** include pregnancy, PVD, diabetes, and acute menorrhagia. **Cautions** include current cancer diagnosis and diabetes.

**Far Infrared Sauna**

**Contraindications** include pacemaker, metallic or silicone implants, acute menorrhagia, and pregnancy. **Cautions** include current cancer diagnosis and CHF.

**Wet Sheet Wrap**

**Contraindications** include acute/uncontrolled asthma, sustained arrhythmia, and CHF. **Cautions** include current cancer diagnosis and Raynaud's.

**Cold Mitten Friction**

**Contraindications** include acute/uncontrolled asthma. **Cautions** include Raynaud's.

**Leave treatment type to the discretion of the provider**



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**\*\* Does patient have an allergy to iodine:\_\_\_\_\_**

**\*\*CI Reviewed/Not Applicable to Patient:\_\_\_\_\_**

**\*\* Diathermy cannot be combined with heating treatments such as hot fomentation, sauna, or steam bath.**

**\*\* All treatments contraindicated in pregnancy, except constitutional hydrotherapy without sine wave.**

**\*\* Patients will not be treated less than 6 weeks post-surgery (or major trauma) without a note specifying reason treatment is safe and indicated.**

**Notes to Treating Provider:**

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**Disclaimers:**

Contraindications and cautions listed above should be considered only a partial list. There are varying levels of evidence to support indications, contraindications, safety, and efficacy of hydrotherapy treatment modalities. Please use your clinical judgement.

Treatment is at the sole discretion of the supervising physician and may be denied if supervising physician deems treatment to be unsafe.

Screening physicals are not performed on NUNM hydrotherapy shifts and additional recommendations will not be provided to patients.

Treatment must be initiated within 90 days of receipt of referral form.

**Provider Signature:**

By signing below, I am confirming that I have read the above material and am aware of the specific contraindications for the treatments I have selected.

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please attach active Problem List, relevant Chart Notes and Patient Demographics/Face Sheet\***

**Fax: 503-226-8133 Phone: 503-552-1959**