**MMPFC Hydro Approval Consent Received & Up to Date:** Client 🞏 Parent 🞏

**Pool Location: *(please circle)* WCH / Westminster / Elizabeth / ARC / other**

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| **MMPFC Reference for hydro term:** |
| **3 Client/family GOALS for the term:** | **Review of at end of term:** |
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| **List activities / games used in therapy in the pool** |
| **1.** | **6.** |
| **2.**  | **7.** |
| **3.** | **8.** |
| **4.** | **9.** |
| **5.** | **10.** |

**Date: Attended with: Ref:**

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| **S: f** |
| **Activities (to address goals) – list numbers 1-10 from above (and any new activities):** |
| **Any adverse Events (including behaviour) Y / N**  | ***If yes, please describe:*** |
| **Any other comments *(e.g. what worked well/likes and dislikes):*** |  |
| **PT Name and Signature** |  |

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