

Name: _____

Date of Birth: _____

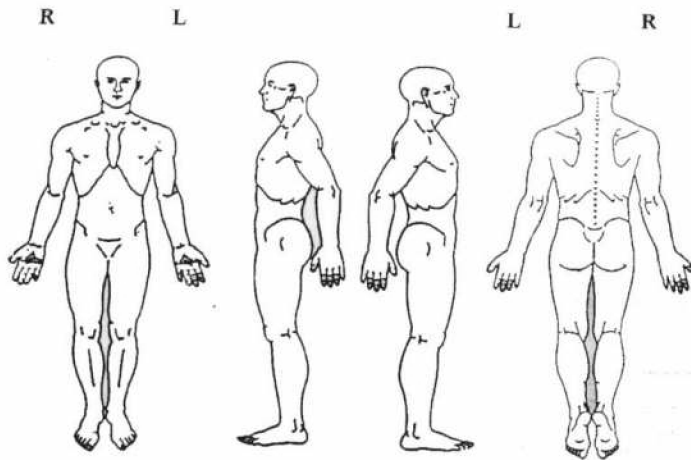
Present Problem

How did it happen?

How long have you had this problem? _____

Have you had this problem before or is it a new problem? _____

Please indicate on the body diagram where you feel pain/discomfort.



To rate your pain at this time, please draw an X on the line below.

0 _____ 10
No Pain Extreme Pain

What aggravates or makes your pain worse?

What eases or makes your pain better?

Have you had any diagnostic tests such as an X-Ray, MRI, CT Scan or other for this problem? If so please indicate.

Please list any medications you are currently taking.

Do you suffer from any health problems/conditions.

	No	Yes, please specify.
Lung Condition	_____	_____
Heart Condition	_____	_____
Circulatory	_____	_____
(Stroke, TIA, Cholesterol High blood pressure, DVT)		
Diabetes	_____	_____
Asthma	_____	_____
Bone Disorder	_____	_____
(Osteoporosis, Osteopenia, Pagets)		
Blood/Bleeding	_____	_____
(Haemophilia, Blood thinners, etc)		
Connective tissue	_____	_____
(Achondroplasia, Marfans, Ehlers-Danlos, Osteogenesis Imperfecta, Hypermobility syndrome)		
Endocrine	_____	_____
(Hypo/Hyperthyroidism)		
Arthritis	_____	_____
(Osteoarthritis, Rheumatoid, Psoriatic, AKS, Reiters)		
Seizures	_____	_____
HIV/HEPA/B/C	_____	_____
Cancer	_____	_____
(past or present, radiation in the last 3 months)		
Pacemaker	_____	_____
Other	_____	_____
Women, are you pregnant?	No _____	Yes _____ Number of weeks _____



Previous injuries: _____

What is your occupation? _____
What are your job duties? _____

How do you like to spend your spare time? _____

What is your goal of physiotherapy treatment?
Pre-activity/sports assessment? _____
Help with the specific problem? _____
Advice about injury prevention? _____
Other _____

How did you hear about us?
Yellow Pages / Doctor / Friend _____ / Newspaper/ Other _____

By signing below you are agreeing that your therapist may use this information to assist in forming an individual treatment plan for you.

Signature _____ Date _____