

CONFIDENTIAL PATIENT CASE HISTORY

Date: _

As a Physiotherapy practice providing comprehensive care, we focus on your ability to be healthy. Our goals are: firstly, to address the issues that brought you to this practice; secondly, to treat the cause of your condition (not just treat the symptoms or place a temporary patch over your condition); and thirdly, to offer you the opportunity of improved health potential and wellness services in the future. Answering the following questions will give us a profile of your health.

Patient's Name:					
What is your major problem?					
			Have you had this or a similar problem in the past?		
			What is your average pain (please	e circle): <u>0 1 2 3 4</u>	5 6 7 8 9 10 Extreme pain
What activities aggravate your co	•	*			
What have you tried to relieve your condition?					
What activities are limited as a result of your condition?					
What type of work do you do?					
Do you do regular exercise? Please describe?					
Do you do regular exercise? Pleas	se describe?				
Specialist Doctor/Surgeon	or this problem (please list):				
List any medications you are taki					
Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)? Y/N Are you pregnant? Y/N					
Could you please list previous surgery DateSurgery					
Do you have or have you ever had ☐ High blood pressure	d?: (please tick) □ Cancer	□ Spinal fracture			
☐ Heart attack	☐ Osteoporosis	□ Spinal surgery			
☐ Heart problems	□ Rheumatoid arthritis	☐ Dislocations			
Strokes	☐ Ankylosing spondylitis	☐ Ligament injuries			
□ Diabetes	☐ Psoriatic arthritis	☐ Cartilage injuries			
☐ A pacemaker	☐ Reiter's arthritis	☐ Osteoarthritis			
☐ An aneurysm	☐ Spinal trauma	□ Dizziness□ DVT			
Patient's Signature:	Print Name:				