Section B 5 — Drug History

Drug history

- Do you take any **medication?** If **yes**, please state what and for which **condition:**

- Have you ever taken any **steroid medication** or **tablets that make your blood thinner?** If **yes**, please state for **which condition** and **for how long:**

Section B 6 — Additional Information

Previous Hx/Rx

- Have you seen a **Consultant** in the Hospital for your present condition? If **yes, explain:**

- Have you had these **symptoms before**, and if so, **when:**

- Did you **then** receive **treatment** for this condition **Yes No** *circle*
  If your answer is **yes**, was this treatment **helpful?**

- Have you had any investigations for this condition:

Xray **scan** **blood tests**

Thank you for your co-operation

Physiotherapist's signature: Date:

Following discussion with the physiotherapist I give consent to a treatment for my referred condition: -

Patient signature: **Date:**

Proactive Physio

Referrers Details:

PHYSIOTHERAPY ASSESSMENT FORM

Tel: 07969783659

www.proactivephysio.co.uk

Section A

Proactive Physiotherapy provides assessment and treatment for a wide range of musculoskeletal conditions (injuries involving joints, muscles, bones, ligaments and tendon).

You will have been given this assessment form by your GP, Carer, Sports Therapist or Health Professional as they feel Physiotherapy may be necessary to help treat your condition.

Please complete this form as accurately as possible with black ink and bring it with you to your Physiotherapy consultation.

During your consultation your Physiotherapist will clarify the details in this form and carry out a thorough physical examination to assist diagnosis of your problem. Please call the above number to arrange an appointment and refer to our website for further details regarding our services.

Your details: (Please bring this assessment form to your initial consultation)

Name:	D.O.B:
Address:	Telephone No:

Section B 1 — Your pain:

Mark with a ✱ on the diagram the **part** of the body where you are experiencing **problems**

For official use only:

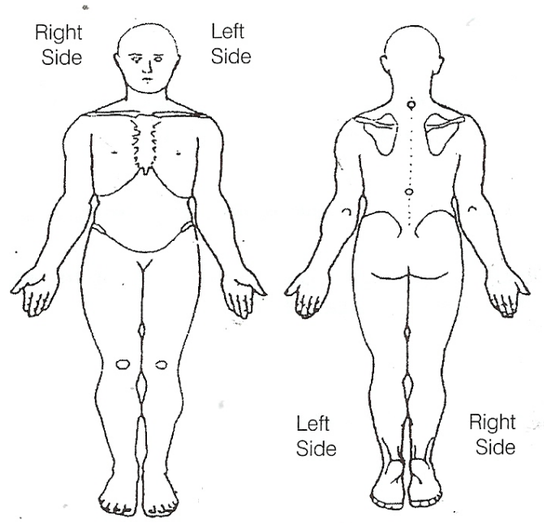
HPC:

Peripheral:

Locking

Giving way

Crepitus



- What do **you** believe is wrong with you?

- What do you expect to gain from your treatment?

Section B 2 — Your symptoms:

HOPC

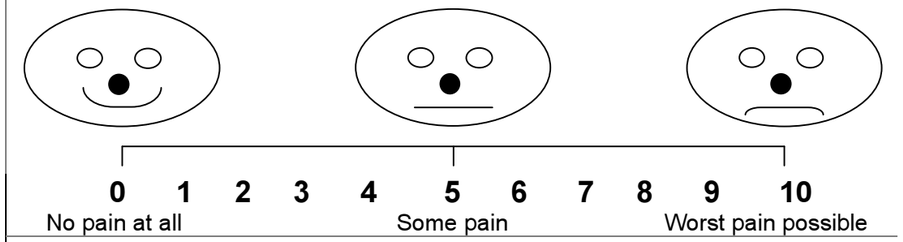
- **When** did the complaint you have been referred for, **start?** Please give approximate **date/month:**
- And **how** did it **start**? Explain:
- Have you already received any **treatment** (i.e. medication, osteopathy etc) for this problem?

Symptoms/patterns/SIN

- Are your main symptoms: **getting better – still the same – worse** ***circle***

Pain

- How would you **describe your pain** on a **scale 0 – 10:**



Aggs

- Are there any particular positions or activities that make your symptoms worse?

  Movements:

  Activities:

Eases

- Are there any movements or activities, which **ease** your symptoms?

  Movements:

  Activities:

24 hrs

- Are there any changes in your symptoms through the course of the day or night?
- Is your **sleep disturbed?** **Yes** **No** *circle*

If your answer is **yes**, what **wakes you?**

Section B 3 — Your Health

PMH

- **How is your health** in general?

  very good – good – fair – not good *circle*

- Have you had any **operations or hospital admissions?** If **yes,** please **list them:**
- Do you have any previous injuries? **Yes** **No** *circle*

  If **yes** please state what injuries and when:

- Do you **smoke**? **Yes** **No** *circle* If **yes,** how many per day? **Quantity:**

Special questions:

- If you have any of the **following conditions**, *please* ***circle*****:**

Weight loss	Diabetes	Epileptic fits	Hearing aid
Rheumatoid arthritis	Pacemaker	Pregnant	Ringing in ears
Heart problems	Blood pressure problems	Lung problems	Headaches
Pain when sneezing/coughing	Problems controlling bladder or bowels	Unsteady walking	Blurred vision
Dizziness			

Section B 4 — Social History

SH

- What is your **job** and what **hobbies or sporting** activities do you participate in:

  Job:

  hobby or sport:

- Are you **off sick** at the moment due to your symptoms? **Yes** **No** *circle*

  If your answer is **yes, how long** have you been off sick?

Hobby

- Is your job or hobby making your symptoms **worse? Yes** **No** *circle*

  If your answer is **yes, Please explain?**