CONFIDENTIAL PATIENT CASE HISTORY

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:					
			Have you had this or a similar problem in the past?		
			What is your average pain (ple	ase circle): <u>0 1 2 3 4</u>	5 6 7 8 9 10 Extreme pain
			What activities aggravate your condition?		
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?					
Medical Doctor Specialist Doctor/Surgeon_	en for this problem (please list):				
List any medications you are taking					
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 ☐ High blood pressure ☐ Heart attack ☐ Heart problems ☐ Strokes ☐ Diabetes ☐ A pacemaker ☐ An aneurysm	had?: (please tick) Cancer Osteoporosis Rheumatoid arthritis Ankylosing spondylitis Psoriatic arthritis Reiter's arthritis Spinal trauma	☐ Spinal fracture ☐ Spinal surgery ☐ Dislocations ☐ Ligament injuries ☐ Cartilage injuries ☐ Osteoarthritis ☐ Dizziness ☐ DVT			
Patient's Signature:	Print Name:				