Initial Assessment Date ……

Therapist ……...

PHYSIOTHERAPY ASSESSMENT FORM

Patient Details

Name…….

Address…….

……

……

Post Code……..

Telephone Home……

Telephone Work ……

Mobile ……

E-Mail……

Date of Birth……..

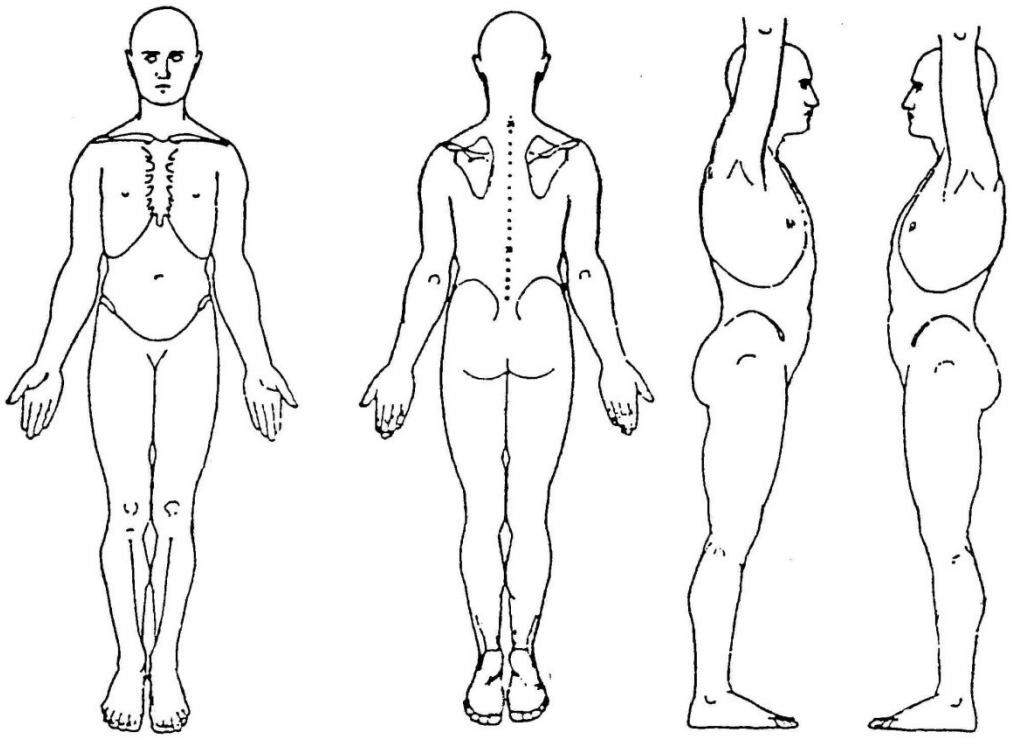
GP / Consultant…….

GP's Address.....

Source of Introduction …….

Preferred Language …….

Present Complaint



Please mark on the diagrams above where your present complaint is.

Patient Health Questionnaire

Please fill in the following details.

Any past Medical History (Operations, Accidents, Illnesses). If so what & when?

Social History (Work, family commitments, hobbies, exercise levels)?

Are you taking any medication, if so what, what for and how much?

Any General Health problems? If you have any difficulties with any of the following please tick the box.

Diabetes	☐	Heart	☐	Sudden Weight Loss	☐
Epilepsy	☐	Chest	☐	Night Pain	☐
Blood pressure	☐	Altered Sensation	☐	Night Sweats	☐
Cholesterol	☐	Pins and needles	☐	Osteoporosis	☐
Pregnancy	☐	Cancer	☐	Dizzyness	☐
Steroids	☐	Bladder/Bowel	☐	Visual disturbance	☐
Contraceptive pill	☐	Tinnitus	☐	Retinal dysfunction	☐
Anticoagulants	☐	Nausea	☐	Difficult speech	☐
Vitamin deficiency	☐	Memory loss	☐	Difficulty swallowing	☐
Hypermobility	☐	Vagueness	☐	Drop attacks	☐
Body Mass Index>30	☐	Diet	☐	Infections	☐
Blood clotting disorder	☐	Smoker	☐	Allergies	☐
Rheumatoid Arthritis	☐	Connective tissue condition	☐	Hormone Replacement	☐

Any Investigations e.g. (MRI, Blood tests, X-Ray and their outcomes)?

Any Family History e.g. Heart Problems, Strokes-Transient Ischaemic Attacks, Rheumatology, Surgery, Peripheral Vascular Disease?

Previous treatment e.g. Physiotherapy, Chiropractic, Osteopathy, Medical etc.

Consent

In order to proceed with examination and treatment, I require your consent.

Your consent is required for both assessment and for treatment. Each time I change hand position I require your consent.

The important thing to realise is that *you may withdraw your consent for assessment or treatment at any time*. You just tell me to stop.

If you don't understand or want any further explanations please just ask. In order for the treatment to be a success, in particular over the long term it is important that you understand what is being done and that you are aware why it is being done, so that you are enabled to manage the problem yourself and prevent re-occurrences.

Your consent is required for all the different treatments. I have a responsibility to inform you of any risks involved when using any treatment.

Usually with the style of physiotherapy employed within this practice it is possible to feel sore after the treatment, this generally confirms that the treatment is on the correct position, however if prolonged that perhaps the level of treatment is too much at that particular stage, and the level will be modified the next time that you are treated.

Some people bruise more easily than others and it is possible that occasionally there can be a small area of bruising left if you are sensitive.

In the event of there being a specific risk with an individual technique this will be discussed with you before application of the technique so that you can make an informed decision as to whether you are happy to have that done.

Should you require a chaperone you are welcome to bring someone with you.

I have read and understood the information relating to consent and am happy to continue with assessment and treatment, today and for any further treatment days. In the event of a technique with a higher risk I understand that I may be required to sign an additional form.

Your consent is also needed for me to be able to provide your G.P./ insurance company/solicitor with a progress report.

Signature……... Date…….

Please note there is a standard fee of £10 for cancellations with less than 24 hours notice and failure to attend with no contact will be charged the full fee.