Complete Health

CHIROPRACTIC · PHYSIOTHERAPY · MASSAGE

WELCOME

Physiotherapy Patient Information

Name _____ Date of Birth _____

Address _____ Post code _____

Mobile _____ Home phone _____

Occupation _____ Email _____

Hobbies: _____

Where did you here about us? _____ Client No (for admin): _____

Your Health Profile

These are general health questions that can help with alternative diagnosis and are a helpful part of a Physiotherapy assessment.

	Yes	No
Past history of cancer:	☐	☐
Weight loss:	☐	☐
Night pain:	☐	☐
Systemically unwell (fever):	☐	☐
Night sweats:	☐	☐
Bladder or bowel issues:	☐	☐
Pins and needles, numbness or other unusual sensations:	☐	☐
Circulation issues:	☐	☐
Have you had any surgery?	☐	☐

Women Only: Is there any possibility of you being pregnant? (please tick) ☐ Yes ☐ No

Do you take any medications? (please list):

_____

_____

Addressing the issues that brought you to the clinic

Chief complaint and cause _____

How long have you been experiencing this problem? _____

Since the problem has started, is it: ☐ About the same ☐ Getting better ☐ Getting worse

What makes it worse? _____

Other medical professionals seen for this problem (please list): _____

_____

GDPR

We reserve the right to contact you via post, email, text message or phone in relation to appointment reminders, requests and other aspects of your care.

Please tick the box to give consent for Complete Health to contact you as per the methods stated above. ☐

I hereby consent to this information and any subsequent information pertaining to my examination and treatment to be retained and stored by this clinic (Complete Health Eastbourne). In accordance with the clinic privacy policy and the General Data Protection Regulation (GDPR)(EU) 2016/679.

The statements made on this form are accurate to the best of my recollection. I agree that any x-rays taken by this clinic are an important part of the patient's permanent records and as such remain the property of the clinic.

Client signature..... Date.....

Parent or guardian (if client is under 16 years old) .....

PHYSIO NOTES: