PhysioConnect
Durley

Feel better, move better...mind & body

Please complete this **confidential medical questionnaire** to the best of your knowledge and bring it with you on your first appointment. Please provide any additional information that may be relevant.

Name ..... Date of Birth .....

Address .....

E-mail .....Telephone.....

GP's Name ..... GP's Address .....

Please outline the main reason for your physiotherapy consultation (eg back pain, shoulder problem):

.....

Please briefly describe your primary goal(s) that you are hoping to achieve with physiotherapy treatment:

.....

Are you currently taking any medication? No Yes Please list: .....

.....

Please tick if you have had or currently have any of the following (please add further details as necessary below):

Diabetes or Epilepsy	☐	.....	Chemotherapy or Radiotherapy	☐	.....
Heart, lung or chest problems	☐	.....	Unexplained weight loss	☐	.....
High or low blood pressure	☐	.....	Osteoporosis or osteopenia	☐	.....
A pacemaker	☐	.....	Dizziness, double vision, fainting	☐	.....
Major injuries / trauma	☐	.....	Speech or swallowing problems	☐	.....
Broken bones/fractures	☐	.....	Pins and needles, numbness	☐	.....
Major operations/surgery	☐	.....	Weakness in the arms or legs	☐	.....
Long term course of steroids	☐	.....	Disturbance of gait / walking	☐	.....
Anticoagulation medication	☐	.....	Continence changes/concerns	☐	.....
Allergies, including to plasters	☐	.....	"Saddle area" sensation changes	☐	.....

Further information: .....

.....

For women, are you pregnant or think you might be pregnant? No Yes .....

Please list any diagnostic investigations you have had, with dates and main findings: .....

.....

Signed ..... Date .....

For any queries, please contact Catherine Pollitt on 07979 852519 or catherine@physioconnectdurley.co.uk
www.physioconnectdurley.co.uk

 (name)……

Please kindly circle the appropriate number for your response to the questions below. Each response should be in relation to the problem for which you are seeking physiotherapy. All answers are strictly confidential.

1. In general, please rate your overall quality of life at this present time:

1	2	3	4	5	6	7	8	9	10

No quality at all — Best quality of life

2. Please rate the average amount of pain you have felt over the last week:

1	2	3	4	5	6	7	8	9	10

No pain — Severe pain

3. Please rate how able you feel to take part in your normal leisure and social activities, eg eating out, social outings, sporting activities:

1	2	3	4	5	6	7	8	9	10

Not at all — Fully able

4. Please rate how able you feel to carry out your normal everyday activities, eg. work, housework, dressing, shopping, gardening, driving, DIY, etc:

1	2	3	4	5	6	7	8	9	10

Not at all — Fully able

5. Please rate how much you depend on pain relieving medication to help you cope with your current problem:

1	2	3	4	5	6	7	8	9	10

Not at all — Fully reliant on medication

6. Please rate how much your sleep is disturbed by your current problem:

1	2	3	4	5	6	7	8	9	10

Not at all — Greatly disturbed

7. Please rate how anxious you currently feel about the problem that brings you to physiotherapy :

1	2	3	4	5	6	7	8	9	10

Not at all — Extremely anxious

8. Please rate how downhearted and low you have felt in the last week about the problem that brings you to physiotherapy:

1	2	3	4	5	6	7	8	9	10

Not at all — Extremely downhearted

Thank you very much for taking the time to complete this questionnaire.

For treatment and advice regarding physiotherapy I agree to receiving emails from PhysioConnect Durley.

Signed …… Date ……..

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Page 2 is adapted from the 2016 Brighton University Musculoskeletal Patient Reported Outcome Measure (BmPROM) in association with Physio First, the UK's association of private Chartered Physiotherapists, championing evidence based, cost-effective private physiotherapy.
Another copy of page 2 may be offered for you to complete at the end of your episode of care.