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Please Print Clearly: This questionnaire is important for assessment, diagnosis and ongoing treatment.

Patient Name:	Title: (Mr/Mrs/Miss/other):	Date of Birth:
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Address:	Contact details:
	Home tel.
	Mobile:
Postal code:	E-mail

Occupation:	Recommended by:	G.P.
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Reason for this visit: Where possible, please provide brief details & history of injury: (what / when / how / nature of pain)

Where is the injury? (Knee / ankle etc.)	When did the injury occur? (date)
How did the injury occur (mechanism of injury)?	

Describe your pain by circling applicable words:

Constant /unremitting	Intermittent	At rest	On movement
Burning, hot, throbbing,	shooting, stabbing,	radiating, stinging,	pins & needles, aching, localised

PAIN INTENSITY SCALE	0	1	2	3	4	5	6	7	8	9	10	Worst possible
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Medication: Please provide details of any tablets you are taking.

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Current Medical History:

Yes	No	(Please tick). Do you suffer from or have you suffered from any of the following?	Comments:
		a Diabetes?	
		b High or Low Blood Pressure?	
		c Heart / Cardiac problems?	
		d Epilepsy?	
		e Asthma or breathing problems?	
		f Have you been recently diagnosed with any serious disease?	
		g Have you been diagnosed with Osteoporosis?	
		h Are you pregnant?	
		i Have you a Pacemaker or steel plates / pins fitted?	
		j Do you smoke? How many per day?	
		k Do you drink more than the recommended limit 25 units / week?	
		l Do you have any allergies?	

Past Medical History:

Yes	No	(Please tick). Do you suffer from or have you suffered from any of the following?	Comments:
		a Have you had suffered any fractures?	
		b Have you suffered any serious injuries? Spinal / whiplash?	
		c Have you ever had any major operations?	

Professional Charges: Consultation & Examination: **£35.00**
Subsequent Treatments: £40.00 per hour (30 minute treatments available pro-rata)

CONSENT TO EXAMINATION & TREATMENT

The nature of and the reason for Personal details, Examination and Treatment has been fully explained to me by the Therapist, Mark Dunwell I give my consent to these procedures being used as part of the Examination and Treatment offered to me by the Massage Therapists, Mark Dunwell.

PATIENTS' NAME (print):

PATIENTS' SIGNATURE:

DATE:

<u>Therapists' Signature:</u>
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Missed Appointments will be charged for in full