

Name: _____

If **YES** please indicate with ✓ Tell receptionist **BEFORE** you see the physiotherapist

- Do you have **diabetes**? Are you *insulin* dependant? Y N
- Heart Condition?** **PACEMAKER**? Carry **Nitro tablets/spray**?
- Are you **pregnant**, suspect you may be or trying? Date Due _____
- Any allergies? Please list _____ Do you carry an **EpiPen**

Do you have any of the following health/ medical conditions? Please indicate with a ✓

- High blood pressure
- Chest pain with physical activity
- Chest pain at rest
- Lose your balance
- Dizziness
- Cancer
- Thyroid condition
- Respiratory illness or COPD
- Bone or joint problems
- Other _____

Reason for attending: _____

Goals _____

Have you ever been in a Motor Vehicle Accident? Y N When? _____

Have you had any recent (within last year) surgeries? Please state: _____

Are you presently taking any medication? Yes ___ No ___ Please list them: _____

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- I have received physiotherapy previously. When _____ Reason _____
 - I have seen or am seeing a chiropractor. Who _____
 - I am presently off work due to this condition? How long? _____

How did you hear about our service?

- Insurer Yellow pages Doctor Friend Other _____

Signature: _____ Date: _____