Physiotherapie Praxis
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PATIENT'S FORM

Dear patient,

We would like to ask you to fill out the form and bring it with to your first appointment. That allows us to have a quick view of your problems and gives us more information about your previous health issues.

All your personal data are confidential and will not be given to third parties.

Surname	
Name	
Street	
Postcode	
City	
Date of birth	
Phone number	
Referring doctor	

Did your doctor give you a diagnosis?

What do you do for a living?

What kind of activities/ hobbies do you regularly do?

Describe your problem in few words.

Does this problem influence daily activities? When yes, then how?

☐ morning ☐ midday ☐ afternoon ☐ at night

How did this problem start?

What makes the symptoms worse?

What makes the symptoms better?

Have you previously had treatment for this problem?

☐ yes ☐ no

When yes, what kind?

If you experience pain at the moment draw the intensity on the scale

Do you take any medication to ease the pain?

☐ yes ☐ no

Do you take any regular medication?

☐ yes ☐ no

When yes, what kind?

Have you undergone any surgery?

☐ yes ☐ no

When yes, what kind and when?

Do you use any walking aid?

☐ crutches ☐ walking frame ☐ wheelchair ☐ others

What are your hopes / goals at the therapy?

Thank you for your co-operation!