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PATIENT CASE HISTORY

As a Physiotherapy practice providing comprehensive care, we focus on your ability to be healthy. Our goals are: to address the issues that brought you to this practice, to treat the cause of your condition, and to offer you the opportunity of improved health and wellness services in the future. Answering the following questions will give us a profile of your health.

What is your major complaint? _____

1. How long have you had this condition? _____

2. Have you had this or a similar condition in the past? _____

3. Is this symptom/condition interfering with: ☐ Work ☐ Sleep ☐ Daily Chores ☐ Sport ☐ Other?

4. If you are experiencing pain is it: ☐ Sharp ☐ Dull ☐ Comes and goes ☐ Constant

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

6. What aggravates your problem? _____

7. What relieves your problem? _____

8. Do you have or have you ever had any of the following conditions:

☐ Rheumatoid Arthritis
☐ Diabetes
☐ Cancer/Malignancy
☐ Heart Disease/Angina
☐ Stroke
☐ Spinal Fracture / Surgery
☐ Headaches/Migraines
☐ Osteoporosis
☐ Pins & Needles or numbness
☐ Difficulty swallowing
☐ Double Vision
☐ Dizziness
☐ Ringing in your ears
☐ Nausea

9. List any relevant medications you are taking: _____

_____

10. Do you give permission for us to communicate with your Doctor? ☐ No ☐ Yes

11. What two main things is your problem hindering you from doing that you would like to improve?
1._____
2._____

Patient's Signature: _____ Print Name: _____

Physiotherapist's Signature: _____ Date: _____

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