

Date of consultation / / 20	Patient	
	Confidential Flags: R Y	
	Practitioner	
	Date of consultation / / 20	
	Surname	Address
	First names	
	Preferred name	
	Male / Female	DOB / /
	Preferred contact no:	Post code
		Email
Practitioner	Other Tel no:	
	Occupation	
	Sports / Activities - How regular?	
	GP: Name and practice address	
	Post code	
	Tel No:	
	Have you seen your GP for this current problem? Y N	
	Did he/She prescribe medication for this current problem? Y N	
	I give consent for my GP to be informed of the treatment that I have received Y N	
	How did you hear about us? Yell, Int, Friend, Family, GP, other	
Confidential Flags: R Y Patient	Personal health information	
	Height..... Weight.....	
	BMI.....	
	Smoker Y N (py ) Alcohol Y N ( )	
	Are you currently, or have you recently undergone significant stress? Y N	
	Ethnicity	
	I agree to be responsible for all fees and have been informed of the scale fees applicable:	
	Signature	

Presenting Complaint / Symptoms	Date of Onset	/	/	20
---------------------------------	---------------	---	---	----

Imaging

Current Medication:

Attach notes if necessary

MEDICAL HISTORY

Area affected (see list)  
Duration (see list)

F/H

P/H

Agg.

Rel.

D.D

W.D