mhealth
wellbeing | fitness | performance

CONFIDENTIAL PATIENT CASE HISTORY

PLEASE FILL OUT BOTH PAGES AS WELL AS YOU CAN

As a wellbeing practice providing comprehensive care, we focus on your ability to be healthy. Our goals are: firstly, to address the issues that brought you to this practice; secondly, to treat the cause of your condition (not just treat the symptoms or place a temporary patch over your condition); and thirdly, to offer you the opportunity of improved health, fitness and performance services in the future. Answering the following questions will give us a profile of your health, and ensure that we optimise your outcome and deliver physiotherapy excellence.

What TWO main things would you like to achieve by the end of today's session at mhealth?

A) _____ B) _____

What is your major complaint? _____

How did your problem come about? _____

How long have you had this problem? _____

Have you had this or a similar problem in the past? _____

If you are experiencing pain, please tick the words that best describe your pain:

- ☐ Constant
- ☐ Comes and goes
- ☐ Intensity varies
- ☐ Intensity doesn't vary
- ☐ Sharp
- ☐ Shooting
- ☐ Achy
- ☐ Travels
- ☐ Radiates

Since the problem started it is:

- ☐ About the Same
- ☐ Getting better
- ☐ Getting worse

Your pain interferes with:

- ☐ Work
- ☐ Sleep
- ☐ Hobbies
- ☐ Leisure

Do you experience any of the following:

- ☐ Pins and needles
- ☐ Tingling
- ☐ Numbness
- ☐ Weakness

What makes your pain worse?

(Tolerance = the time before pain comes on, before needing to change position, etc.)

- ☐ Sitting
  Tolerance: _____ mins
- ☐ Walking
  Tolerance: _____ mins
- ☐ Standing
  Tolerance: _____ mins
- ☐ Standing up from a chair
- ☐ Other, Please describe

_____

What type of work do you do? _____

Other health professionals seen for this problem (please list):

Medical Doctor: _____

Surgeon: _____

Chiropractor: _____

Other: _____

List any medications you are taking

_____

_____

_____

Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)?

☐ Yes ☐ No

Are you or could you be pregnant?

☐ Yes ☐ No

Have you had imaging or scans for this problem?

☐ X-Ray ☐ Ultrasound ☐ CT Scan ☐ MRI

Do you have or have you ever had? (please tick)

☐ High blood pressure
☐ Heart attack
☐ Heart problems
☐ A pacemaker
☐ An aneurysm
☐ Rheumatoid arthritis
☐ Ankylosing spondylitis
☐ Cancer
☐ Osteoporosis
☐ Psoriatic arthritis
☐ Reiter's arthritis
☐ Spinal trauma
☐ Strokes
☐ Diabetes
☐ Spinal fracture
☐ Spinal surgery
☐ Dislocations
☐ Ligament injuries
☐ Cartilage injuries
☐ Osteoarthritis
☐ Dizziness

Client's Signature: _____

Print Name: _____

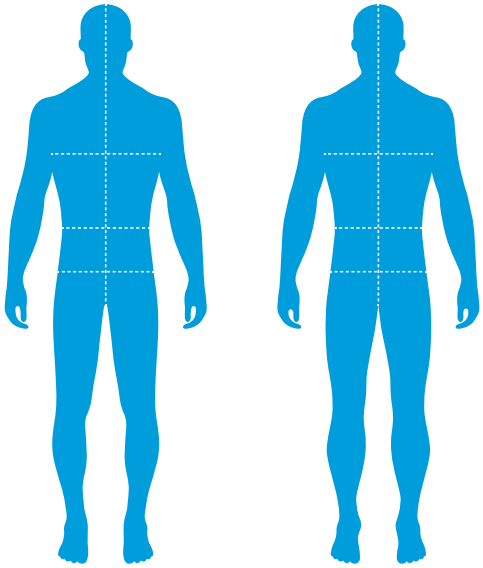
Clinician's Signature: _____ Date: _____

OFFICE USE ONLY

VAS (0-1)

Functional Disability

Symptoms at onset
Back/thigh/leg



PP:	SOCIAL Hx:		
AGG:	BEHAVIOUR (24 HRS): morning: afternoon: Night:		
EASE:			
PRESENT Hx:	COUGH/SNEEZE		
	WEIGHT LOSS:		
	VA	CORD	CE