

Name

Date



Redesign Physio
60 Chelverton Rd
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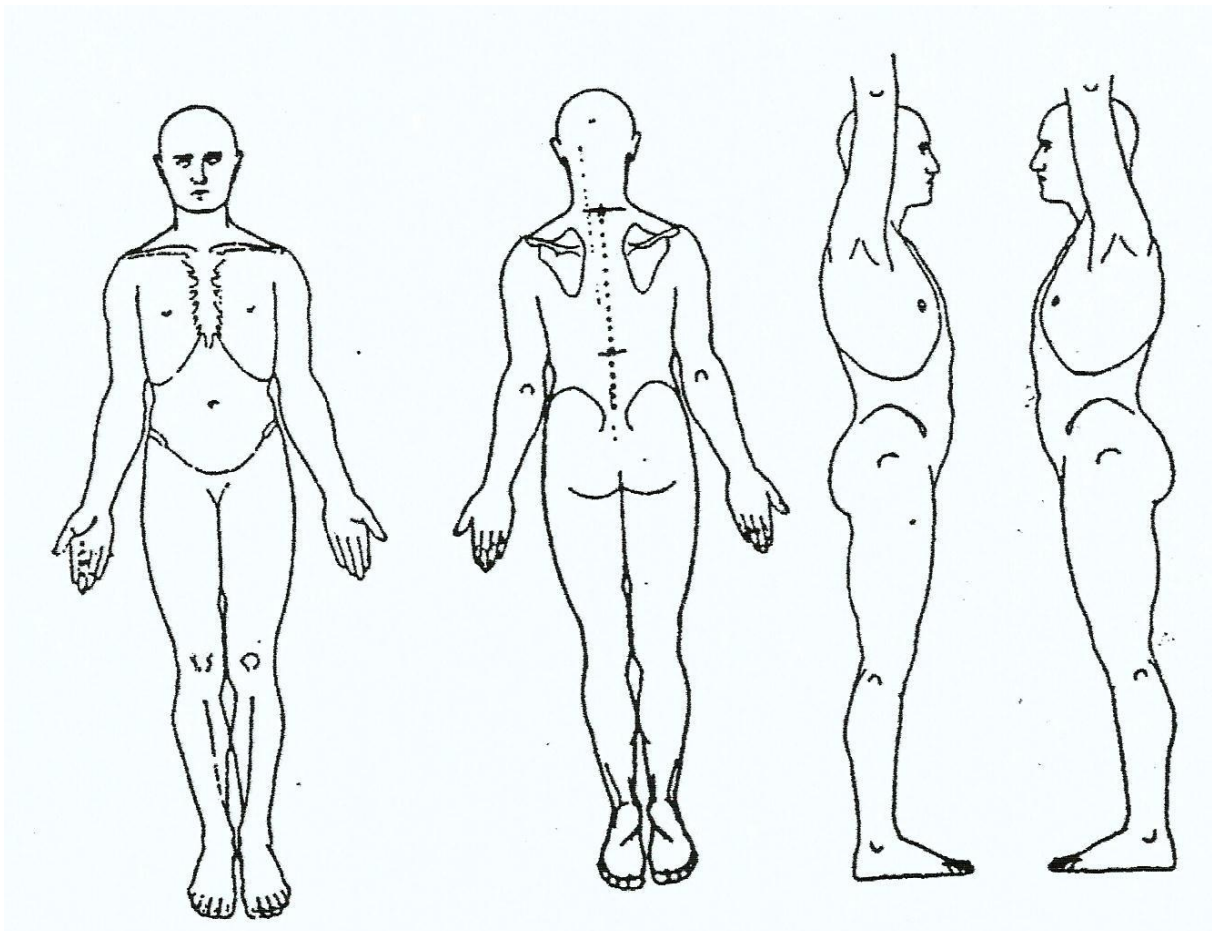
What are the main problems and reasons for you coming to Redesign Physio

If you have pain or symptoms mark them on the chart below and try to describe each symptom eg. constant, intermittent, dull, severe, ache, burning, pins & needles, numb

Rate each pain or symptom intensity on a scale of 0 – 10 (0 is no pain or symptoms and 10 is the worst pain or symptom you can imagine)

What makes your symptoms worse?

What makes your symptoms better?



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Choose 3 activities that you are having the most difficulty with eg. sitting, walking, lifting, standing, shopping, dressing, playing a specific sport. For each activity score how easy it is to perform on a scale of 0 – 10 (0 = no problem and 10 = too difficult to perform)

Activity 1	Score:
Activity 2	Score:
Activity 3	Score

Give the history and any relevant details in relation to your current problems

Medical History

Do you suffer from or have you suffered from any illnesses eg. high blood pressure, heart problems, diabetes, asthma, allergies, cancer, osteoporosis (weak bones)?

Do you suffer from arthritis or joint problems? – give details

Have you had any trauma eg. broken bones, whiplash? – give details

Details of any surgery

Details of any medication you take

Have you ever taken steroids? – if yes, give details

Is there a possibility that you may be pregnant?

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What are your goals and what do you want to achieve from your physiotherapy?