

**Name:**

**DOB:** / /

**Date:** / /

**① Please describe your problem in your own words**

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**② The important things in my life that my problem is impacting on are**

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**③ My worries and concerns about my problem are**

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## ④ I am hoping that physiotherapy will

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It is important your physiotherapist is aware of any other health problems, illnesses or injuries you may have or had in the past.

Your physiotherapist may not be able to see your GP record, so please give this information below:

**Other health issues (illnesses, injuries, operations – current, in the past or under investigation)**

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## Current medication

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