**patient assessment sheet**

## **Patient name:**

## **Date of birth:**

Address:

Email:

How did you hear about Process Physio?

**The purpose of this document is to help identify areas of history, lifestyle and activity that may be contributing to your current issue.**

**This helps us find a successful way of working together and allows more time in the consultation to focus on a treatment approach.**

**Please type into the document and send it back. Feel free to type ‘Y’ or ‘N’ or a full paragraph as you feel. It’s also fine to say you don’t know, or don’t understand the question. That in itself provides me with relevant information.**

**1)what do you believe your issue is and how do you think it happened?**

2) How has this affected your life on a scale of 0 (not at all) to 10 (it’s devastating)?

Please include below any information about goals/trips/work affected by this injury.

3) What makes it feel worse?

4) What makes it feel better?

5) Have you recently increased your activity levels?

6) Has life recently become more busy and/or stressful?

7) How do you feel most of the time on a scale of 0 (worn out) to 10 (fully energised)?

8) How are you sleeping?

9) Is this different from normal?

10) Do you wake feeling refreshed?

11) How is your mental well-being at present? Very Good/ Good/ Fair / Poor/ Very poor

12) Nutrition – Are you fuelling your body for what you want it to do?

a) Do you have an energy intake target?

b) Do you have a protein intake target?

13) What do you want from Physiotherapy? (this is not as daft a question as it sounds)

14) How long do you think it will take to fully recover?

**General Health Screen**

**Please just note Y or N or add any extra information you feel may be relevant**

**Do you regularly achieve the World Health Organisation recommended minimum levels of activity for health: 150-300 minutes of moderate, or 75-150 minutes of vigorous, aerobic activity and 2 sessions of moderate to high intensity muscle strengthening activities per week?**

Do any close family members have the same/similar condition?

Do you think you may be or have you been diagnosed as diabetic (type 1 or 2) or pre-diabetic?

Do you have, or have you had, asthma or TB?

Do you have, or have you had a cancer diagnosis – or a diagnosis in your close family?

Do you/did you smoke?

Do you have any heart related issues?

Do you have high blood pressure or a history of it in your close family?

Are you taking prescribed steroids or have taken them within the last year?

Are you taking non-prescribed steroids or have taken them within the last year?

Do you have any surgical Implants (knee replacement, internal fixation) or a pacemaker?

Have you had any relevant surgeries?

Have you had any fractures in/near the affected area?

Have you been diagnosed as, or do you think you may be, peri-menopausal, menopausal or post-menopausal?

Do you think you may have, or have been diagnosed with, thyroid issues?

Do you think you may have, or have been diagnosed with, hormonal issues?

Do you think you may have, or have been diagnosed with, osteoporosis?

Do you think you may have, or have been diagnosed with arthritis?

Have you been diagnosed with deep vein thrombosis or have a history of it in your close family?

Are you taking any anti-coagulant/blood thinning medications?

Current medications: