

CURRENT INJURY HISTORY

How and when did it start?

List any significant events related to this injury:

AGGRAVATING FACTORS

What increases symptoms?

What decreases symptoms?

2. OTHER CURRENT SECONDARY INJURIES (OPTIONAL):

Problem #1:

How long have they had this problem and how did it start?

What makes it better or worse?

Problem #2:

How long have they had this problem and how did it start?

What makes it better or worse?

3. CARE AND LIFESTYLE INFORMATION

Are they presently under a doctor's care for any of these injuries?

No

Doctor's name
Phone
Email
Clinic Name

Yes

Do they currently have any other medical issues that you should be made aware of?

No

Details

Yes

What sport/s or fitness activities do they currently do?

What is their current employment and how long have they been in this job?

Position	Duration	Physical Aspects of Employment

4. INJURY HISTORY (SIGNIFICANT EVENTS)

Have they ever sprained / strained, dislocated, fractured, or had repeated swelling or other injury of any bones or joints? Explain for any "Yes" answers, and indicate which side of their body it affected (ie RIGHT or LEFT)

4.1 Head/Neck

No events

Left affected

Right affected

Details

4.2 Shoulder

No events

Left affected

Right affected

Details

4.3 Elbow & arm

No events

Left affected

Right affected

Details

4.4 Wrist / hand / fingers

No events

Left affected

Right affected

Details

4.5 Back

No events

Left affected

Right affected

Details

4.6 Hip / Thigh

No events

Left affected

Right affected

Details

4.7 Knee

No events

Left affected

Right affected

Details

4.8 Shin/Calf

No events

Left affected

Right affected

Details

4.9 Ankle, foot, toes

No events

Left affected

Right affected

Details

5. WORK / LIFE HISTORY

Which is their dominant side (R/L):

Hand / arm	Foot
<input type="checkbox"/> Left	<input type="checkbox"/> Left
<input type="checkbox"/> Right	<input type="checkbox"/> Right

List any sports or fitness activities they have participated in regularly in life:

Sport	Time Period	Details
	<input type="checkbox"/> In the last 10 years	
	<input type="checkbox"/> In early years	
	<input type="checkbox"/> In the last 10 years	
	<input type="checkbox"/> In early years	
	<input type="checkbox"/> In the last 10 years	
	<input type="checkbox"/> In early years	
	<input type="checkbox"/> In the last 10 years	
	<input type="checkbox"/> In early years	

What types of work have they done for extended periods in their life?

Have they ever been in an accident that left them with a significant injury?

No

Yes

Details

Have they ever had surgery requiring hospitalization?

No

Yes

Details

6. GOAL SETTING

List and describe any main goals the client may have of a life, work or sporting nature?

Goal 1:	
Type	Details
<input type="checkbox"/> Life	
<input type="checkbox"/> Work	
<input type="checkbox"/> Sporting	
What stops them fulfilling this goal exactly?	
What are they currently doing to help themselves achieve this goal?	
How can you help them fulfil this goal?	

Goal 2:	
Type	Details
<input type="checkbox"/> Life	
<input type="checkbox"/> Work	
<input type="checkbox"/> Sporting	
What stops them fulfilling this goal exactly?	
What are they currently doing to help themselves achieve this goal?	
How can you help them fulfil this goal?	