

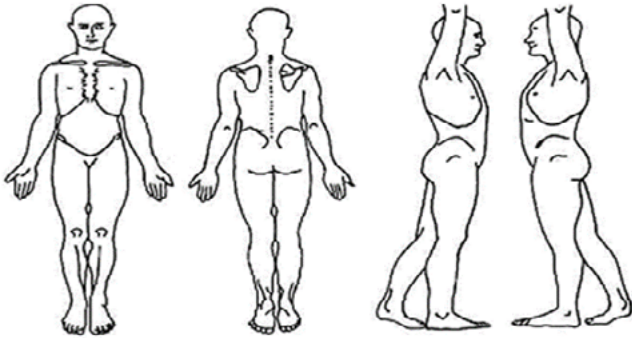
Client Information and Goals

YOUR DETAILS:

Name:	DOB:
-------	------

Please highlight your main area of concern, and any areas of pain (currently), or previous injuries/date of surgery.
 E.g. total knee replacement 2015, ankle fracture 2012.

Select the highlighter tool or write in the space below



What do you hope to get out of the consultation today?

E.g. Improve the use of my shoulder, return to running, exercises to help me improve, improve my fitness and strength, massage etc

Do you have any other medical conditions you think we should know about?

What previous treatments have you tried before and did it help? E.g. Physio/Exercise Physiology/Osteopathy/Chiro or other

Do you like to be physically active? If so, please explain below and how frequently you do this:
 e.g. Walking leisurely 20min x2 per week, walking at shops, pilates x1 per week

What exercise or activities (if any) have you done in the past prior to your injury/complaint?
 E.g. gardening, used to swim x2/ week, walk 30min regularly

Please identify three important activities that you are unable to do or are having difficulty with as a result of your current condition/ problem. Please rate on scale of 0 to 10 your current ability to do this activity.
 (0 = Unable to perform, 10 = Able to perform activity at the same level as before injury or problem)

1.	/10
2.	/10
3.	/10

Please provide this information to your Ramsay Health Plus team