

**Physiotherapy Department
Medical History Questionnaire**

Name:
Telephone No
Date of Birth

For safe and effective care it is important that we have a complete picture of your health, past and present.

All information provided is strictly confidential under the Data Protection Act and will be kept within your Physiotherapy notes.

If you need any help completing this form please discuss this with your physiotherapist.

Please tick YES or NO if you have any past or present history of the following and add any relevant details in the spaces provided.

	Yes	No	Please Add Any Relevant Details
Heart Problems			
High Blood Pressure			
Circulatory Problems			
Lung Problems			
Joint Replacement			
Diabetes			
Epilepsy			
Cancer			
Osteoarthritis			
Rheumatoid Arthritis			
Osteoporosis			
Any Fractures			
Depression/ Anxiety			
Do you have a pacemaker?			
Do you have a Dorsal Column Stimulator?			
Are you or could you be pregnant?			
Are you a smoker?			
Have you had any sudden weight changes?			
Have you ever taken steroids?			
Have you ever taken Warfarin/ Heparin?			

Have you had any surgery? – if so what and when?

Have you had any other health/medical conditions, if so what?

Please list all current medication:

Patient Signature:

Therapist Name:

Date

Self Assessment Questionnaire

Rate how confident you are that you can do the following things at present, **despite the pain**. Circle one of the numbers on the scale for each item where:

0 = Not at all confident 6 = Completely Confident

Example:

Not at all confident 0 1 2 3 4 5 6 Completely Confident

1	I can enjoy things despite the pain.	
2	I can do most of the household chores (eg tidying up, washing dishes) despite the pain.	
3	I can socialise with my friends or family as often as I used to, despite the pain.	
4	I can cope with my pain in most situations.	
5	I can do some form of work (including house work, paid and unpaid work) despite the pain.	
6	I can still do most of the things I enjoy doing, such as hobbies or leisure activities, despite the pain.	
7	I can cope with my pain without medication.	
8	I can accomplish most of my goals in life, despite the pain.	
9	I can lead a normal lifestyle despite the pain.	
10	I am hopeful of becoming more active despite the pain.	