



Patient sheet

Dear patient

you chose to be treated in our practice.
We thank you for your confidence towards us.

In order to treat your conditions adequately, we require your assistance. The following question sheet will help us identify the causes for your condition. This paper will help us decide the individual treatment.

For privacy reasons we ask you to print out this document and fill it out by hand.

Please don't forget to bring the filled in sheet to your first appointment.

Thanks for your help,

Kiens Physiotherapie

All personal data submitted by you will be handled discreetly and won't be given to third parties without consent.

Physiotherapie

surname: _____ first name: _____ date of birth: _____

street: _____ city: _____ tel: _____

occupation: _____ general doctor: _____

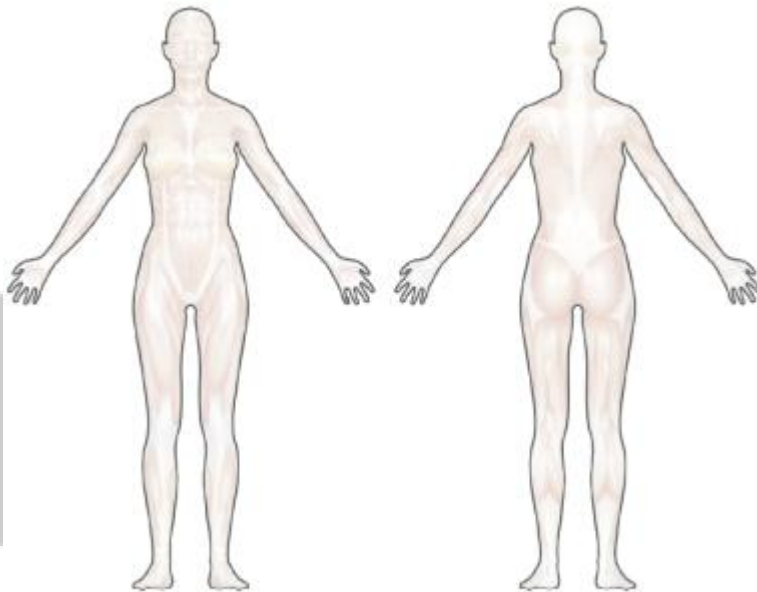
describe your condition: _____

body table:

Draw your problem/pain zones. Should you draw more than one zone put a number next to them according to their importance: (1)= important (2), (3) ...= less important

front

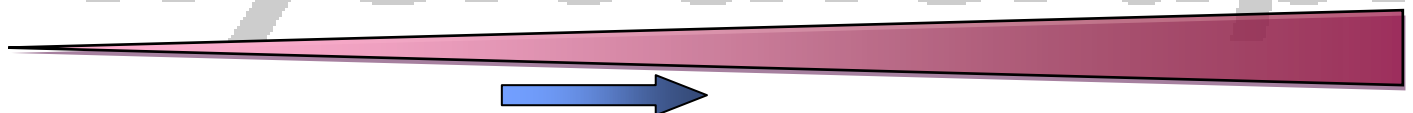
back



height (in cm): _____ weight (in kilograms): _____

pain scale:

Describe the intensity of your pain by marking it on the line.



no pain

max. amount imaginable pain



conditions during the day:

← 0 h. - a.m. 6 h. - a.m. 12 h. - p.m. 18h. - p.m. 24 h. →

problems during: () lying down, () turning, () sitting up, () sitting, () standing up, () walking, () bending over,
() walking stairs up () / down ()

medical history:

How long do you have these conditions?: _____

development / tendency: _____

is the cause known?: _____ accident: _____

did you undergo surgery? if you have please write what kind and the date: _____

What improves/worsens the condition? _____

What therapeutic steps were taken so far? _____

What are the main issues?

work stance: _____ lifting: _____ driving: _____

computer: _____ hobbies: _____ sport: _____

Do you suffer from following symptoms? () headache, () sweating, () dizziness, () vision disorders, () problems
swallowing, () tiredness, () problems balancing, () incontinence, () swelling of limbs, () sickness

others: _____

Do you have any other diseases? () rheumatism, () diabetes, () osteoporosis, () multiple sclerosis, () agitated
paralysis, () stroke, () coagulopathy, () heart/blood pressure disorders, () asthma/COPD, () allergies, infections,
which: _____

others: _____



which medication do you take?

do you know why?

What goals do you want to reach with the therapeutical treatment? _____

please bring, if available, any x-ray-/ computed tomography-/ nuclear spin images

Personal notes not covered by this sheet:

kiens

Physiotherapie

.....
Place and date

.....
signature