



First Contact Physiotherapy

PREVISIT QUESTIONNAIRE

This service is for people who are 16 or over with musculoskeletal problems, such as muscle and joint pain, sports injuries, back or neck pain, sprains and strains.

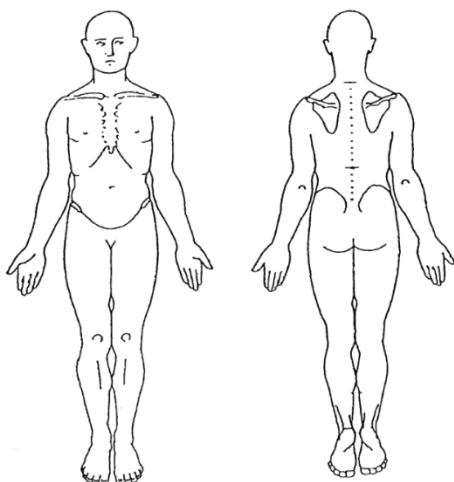
Please complete all parts of this form and hand it to the Physiotherapist when you attend for your appointment.

Date:

NAME:	DOB:	OCCUPATION:
TELEPHONE: (Home)	(Work)	(Mobile)

Are you off work with this problem? If yes how long?

Please describe your current problem and symptoms (where is your pain? Is it a recent injury?):



Do you have any pins and needles or numbness?

How long have you had the problem?

Is the problem getting: Better Worse Staying the same

(Please circle which applies)

Are you a main carer for someone?

Thank you for taking the time to complete this form, this should be handed to the Physiotherapist when you attend your appointment.