Louw, Miny & Wilson Physiotherapists 011 815 1260

Medical History Questionnaire

This helps your physiotherapist plan a safe and effective treatment programme.

PATIENT DETAILS

Full name

Date of birth

GENERAL HEALTH

Current medication (name and dosage, if known)

Known allergies

- [ ] Heart condition or high blood pressure
- [ ] Diabetes
- [ ] Osteoporosis or a history of fractures
- [ ] Cancer (current or previous)
- [ ] Pregnant, or given birth in the last 12 months
- [ ] Previous surgery relevant to this visit

THIS CONDITION

Previous treatment for this condition, and the outcome

Imaging or test results relevant to this condition (X-ray, MRI, scan)

SIGNATURE

Patient / guardian signature (type full name)

Date