



LEICHHARDT SPORTS PHYSIOTHERAPY

Medical Questionnaire

Please take a few minutes to complete this questionnaire before your appointment with the Physiotherapist/Therapist. The health check is for the health professional to find out about your general health and if there are any potential implications for your treatment.

The information you provide is confidential and for treatment purposes only.

EXERCISE FREQUENCY

1. How often do you exercise Never Less than once a week 2 to 4 times per week More than 4 times per week
2. What types of exercise do you do Walking Running or Jogging Gym Pilates/Yoga Sports: _____

MEDICAL CONDITIONS: Please Tick	Yes	No	Detail
Are you aware of any Health problems			
Do you have a cardiac pacemaker or metal implant			
Have you had a stroke			
Do you have heart problems			
Do you suffer from high/low blood pressure			
Do you have Diabetes			
Do you suffer from Epilepsy			
Do you have asthma or breathing difficulties			
Do you have or have had Cancer or a tumour			
Do you suffer from Arthritis, Rheumatism or other joint problems			

GENERAL HEALTH: Please Tick	Yes	No	Details
Have you lost/gained weight in the past 6 months			
Have you ever been seriously ill or had a major operation			
Do you have any communicable diseases eg Hepatitis A,B,C, HIV			
Do you have any health problems that restrict your activities or day			
Are you a current or ex-smoker			Current Cigarettes per day?
Do you consume alcohol			Alcoholic drinks per day/per week:
Are you currently taking any prescription medication			Type:
Are you currently taking any non-prescription medication or Remedies			Type:
Are you pregnant or trying to conceive			

SIGNS & SYMPTOMS: Please Tick	Yes	No	Details
Do you experience chest pain			
Have you had episodes of shortness of breath			
Have you had episodes of severe dizziness			
Do you experience difficulty breathing			
Do you experience swelling around your ankles			
Have you ever had heart palpitation			
Do you regularly get muscle aches in your legs when walking			
Has your doctor told you that you have a heart murmur			
Do you know of any reason why you should not engage in physical activity			

Thank you for completing this questionnaire. The treatment programme we devise for you is based upon the current information supplied and evidence based practice as well as the information you have provided.