New Injury Form

Please fill in the form and either email to ben@portablephysio.com.au prior to your session or provide completed hardcopy at your next appointment.

Where is your injury/pain?	**When did it start? (Guess date if unsure)**
How did you sustain your injury? (If known)	**What activities are limited by your injury?**

What are your goals from physiotherapy?

Have you seen a doctor or had surgery for this injury? ☐Yes ☐No

If you have pain, how severe is it when at its *worst*? (0 = no pain, 10 = worst pain)

If you have pain, how severe is it when at its *best*? (0 = no pain, 10 = worst pain)

Please describe your symptoms (choose any that apply)**:**

☐ Getting better	☐ Intermittent	☐ Aching
☐ Staying the same	☐ Constant	☐ Sharp
☐ Getting worse	☐ Only with movement	☐ Burning
		☐ Tingling

Since the onset of your symptoms have you had:

Difficulty with bladder or bowel function?	☐Yes ☐No
Unexplained weight change?	☐Yes ☐No
Dizziness or fainting?	☐Yes ☐No
Fever/chills?	☐Yes ☐No
Persisting night pain/sweats?	☐Yes ☐No
Numbness?	☐Yes ☐No
Weakness?	☐Yes ☐No

What visit frequency are you expecting? (highlight answer)

☐ Just a one-time visit for some quick education on diagnosis and self-management

☐ Occasional check in to test and progress home exercises (usually once every week or two)

☐ I prefer to do the majority of my injury rehabilitation under direct supervision (usually 2-3 times per week)

☐ I have no expectations about frequency

Thank you for completing this form. The information provided helps us to streamline your assessment and tailor treatment to your current problem.

Privacy statement: The information from this form is kept strictly confidential. We store hard copies in a locked filing cabinet in a secure location. Electronic records are secured using the "bank grade encryption" provided by the HealthKit software (for more info: https://www.healthkit.com/int/faqs)