



pelvià

PHYSIOTHERAPY

Welcome to Pelvià Physiotherapy. Please fill out the questions below to the best of your ability and save any questions for your physiotherapist.

<u>General Information</u>			
Name: _____		Birth Date: _____	
(First)	(Last)	(day/month/year)	
Address: _____			
(Street)	(City)	(Province)	(Postal Code)
Phone: Home _____		Cell _____	Work _____
Occupation: _____		Employer: _____	
Marital Status: <u>Single</u> <u>Married</u> <u>Common Law</u>		Children: _____	
		(Number)	(Ages)
Sports/Activities/Hobbies: _____			
Family Doctor _____		Care Card # _____	

<u>Current Medical Condition</u>		
<u>Diagnostic Findings:</u>	Date	Findings
Medical Exam	_____	_____
X-Ray/CT/MRI	_____	_____
Other	_____	_____
<u>Medications</u>		
Type	Condition	
_____	_____	_____
_____	_____	_____
_____	_____	_____
Are you taking any of the following:		
___ Anticoagulants (Warfarin, Heparin, ASA)	___ Corticosteroids	___ Tamoxifen
___ Glucocorticoids	___ Methotrexate	___ Cyclosporin A
___ Gonadotropin Releasing Hormone	___ Thyroid hormones	___ Anticonvulsants
___ Aluminum containing antacids	___ Lithium	___ Cholestyramine

Medical History (Please use C=current P=past)

Musculo-Skeletal

- ☐ Tendonitis/Bursitis
- ☐ Broken/fractured bones
- ☐ Sprains/Strains/Ruptures
- ☐ Low back/hip/leg pain
- ☐ Neck/Shoulder/Arm pain
- ☐ Spasms/Cramps
- ☐ Jaw Pain/TMJ
- ☐ Foot pain
- ☐ Osteoporosis/Bone Disease
- ☐ Arthritis – osteoarthritis
 - ☐ -rheumatoid
 - ☐ -ankylosing spondylitis
 - ☐ -gout
 - ☐ -other
- ☐ Paget's Disease
- ☐ Osteomyelitis

Allergy

- ☐ Lotion
- ☐ Latex
- ☐ Tape

Respiratory

- ☐ Chronic Cough
- ☐ Hoarse Voice
- ☐ Respiratory Tract Infection

Cario-Vascular

- ☐ Vascular Disease
- ☐ Heart Condition
- ☐ Poor Circulation
- ☐ Pacemaker

Gastrointestinal

- ☐ Belching
- ☐ Liver/Gallbladder pathology
- ☐ Pain at meal time
- ☐ Colitis
- ☐ Hiatus Hernia

Misc

- ☐ Diabetes
- ☐ Metal Implants
- ☐ Surgery
- ☐ Accident
- ☐ Ehlers-Danlos Syndrome

Other:

Nervous System

- ☐ Dizziness
- ☐ Double Vision
- ☐ Drop Attacks
- ☐ Swallowing Difficulty
- ☐ Speaking Difficulty
- ☐ Nausea
- ☐ Rapid eye movements
- ☐ Tingling/Pins/Needles
- ☐ Herpes/Shingles
- ☐ Paralysis
- ☐ Face sensation and motor control changes
- ☐ Loss of Consciousness
- ☐ Multiple Sclerosis

Genituo-urinary

- ☐ Loss of Bowel and Bladder Control
- ☐ Saddle area loss of sensation
- ☐ Kidney infection/disease
- ☐ Pregnancy/History of miscarriage
- ☐ Blood in Bowel/Urine
- ☐ Prostate Cancer
- ☐ Recent Erectile Dysfunction
- ☐ Pain in Genitals

Onocologic

- ☐ History of Cancer
- ☐ Night Sweats
- ☐ Change in Appetite
- ☐ Feeling unwell
- ☐ Increase in pain at night

Communal Diseases

- ☐ Hepatitis A B C
- ☐ HIV/AIDS
- ☐ Contagious Skin condition
- ☐ Tuberculosis

Pervious Health Care

- ☐ Chiropractic
- ☐ Massage
- ☐ Physiotherapy
- ☐ Heel Lifts/ Orthotics