

Welcome to Idrottshälsan i Skåne

To make the examination of your injury easier we ask you to fill out the form below and bring it with you to your first appointment with your physiotherapist.

Social security number	Name	Occupation
Address	Area code	City
E-mail	Phone number	
High-cost card number:	Applies until this date:	Today's date
Guardian's name	Guardian's phone number	

I have taken notice of Region Skåne's cancellation policy and understand that I am liable for myself / my child in the absence of a visit or late cancelation: YES

I agree that my healthcare provider may request the necessary information such as medical records, x-ray and magnetic resonance images regarding the affliction I'm seeking care for:

YES

NO

Signature: _____

1. Current symptoms? _____

2. How long have you had your current symptoms? _____

3. What do you think caused the symptoms you seek treatment for? _____

_____ Unknown

4. Since your symptoms debut, are they: BETTER / WORSE / UNCHANGED?

5. Have you been treated for your current symptoms?

NO / YES – if yes, by whom? _____

What type of treatment? _____

6. Have you undergone x-rays or MR-investigations? NO / YES – If yes, where? _____

7. Have you had these symptoms previously? NO / YES – If yes, were you treated for it?

YES / NO - if yes, what kind of treatment? _____ And how long ago was that? _____

8. Do you suffer from any other illnesses that we need to be aware of? _____

9. Do you take any medication? NO / YES- which? _____

10. Are you on sick leave? From: _____ to: _____. Smoker? NO / YES

11. Referral? NO / YES – from Dr _____

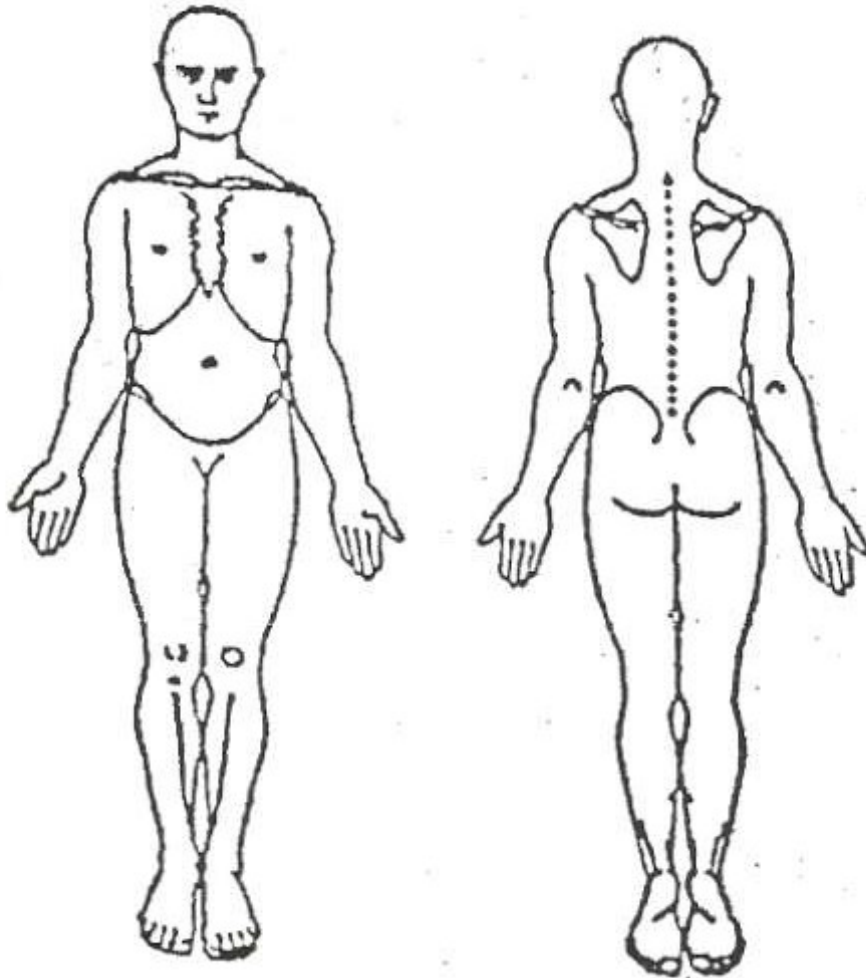
12. Do you exercise? If so what? _____

13. Level of activity? No exercise exercise 1/wk exercise 2-3/wk exercise >3/wk elite

14. What are your goals? _____

Social security number.....-..... Name.....

15. Shade the painful areas on the pictures below.



16. Who recommended you to seek physiotherapy care at Idrottshälsan?

17. Describe three important activities that you have difficulty performing or cannot perform at all because of your symptoms. Then rate the difficulty by entering the number that corresponds to how difficult you think it is to perform the activity.

Activity or sport	Grade of ability (0-10)										
	0 = cannot perform activity 10 = can perform the activity without issue										
1.	0	1	2	3	4	5	6	7	8	9	10
2.	0	1	2	3	4	5	6	7	8	9	10
3.	0	1	2	3	4	5	6	7	8	9	10

*Thank you for your assistance!
Staff at Idrottshälsan i Skåne*