

Medical history questionnaire

All information given is **strictly confidential**

To obtain the best and safest treatment, please complete the following questions.

TICK ALL THAT APPLY	NO	YES	DETAILS
Are you currently receiving treatment from a doctor or health care professional?			
Do you smoke?			
Are you taking any medication?			
Do you have any allergies?			
Have you ever had a serious illness?			
Have you ever had an accident/injury requiring medical attention?			
Have you ever had an operation?			
Do you have high blood pressure?			
Do you have any heart problems?			
Do you have any lung/breathing problems?			
Do you have any kidney or liver disease?			
Do you suffer from epilepsy?			
Are you diabetic?			
Have you been diagnosed with osteoporosis?			
Have you had <u>any adverse or un-expected reactions</u> to previous physiotherapy, osteopathy, acupuncture or massage?			
Do you have any skin problems?			
Do you have a bleeding disorder?			
Do you have any family history of bone or joint disorders?			
Is there anything else we should know about your health?			
Women only			
Are you, or could you be pregnant?			
Have you ever had problems with infrequent or irregular periods?			

- I understand that this is an advisory service and does not replace a full consultation.
- I agree to contact the Sports Medicine Clinic to cancel my appointment 24 hours in advance.

Signed: _____

Date: _____