



Ribble Valley Chiropractic

Physiotherapy Chiropractic
Ergonomics

Free Consultation Form - Confidential

Name: _____	
Address:	DoB: _____ Tel. No: _____ Email: _____
GP: Permission to contact GP: Yes / No	Occupation: Permission to contact employer: Yes / No

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines.
Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM 1: _____

0 As good as it could be	1	2	3	4	5	6 As bad as it could be
--------------------------------	---	---	---	---	---	-------------------------------

SYMPTOM 2: _____

0 As good as it could be	1	2	3	4	5	6 As bad as it could be
--------------------------------	---	---	---	---	---	-------------------------------

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY: _____

0 As good as it could be	1	2	3	4	5	6 As bad as it could be
--------------------------------	---	---	---	---	---	-------------------------------

Lastly how would you rate your general feeling of wellbeing during the last week?

0 As good as it could be	1	2	3	4	5	6 As bad as it could be
--------------------------------	---	---	---	---	---	-------------------------------



Ribble Valley Chiropractic

Physiotherapy Chiropractic
Ergonomics

Please circle or tick ANY of the following which apply to you:

- I had my first episode of this problem when I was under 20 or over 50 years old
- I have a history of cancer
- My pains don't change with position/activity/rest
- I have severe pains at night
- I have fevers or night sweats
- I have noticed unexplained loss of weight
- I have felt nauseous, or vomited, either because of the pain or for no known reason
- I have noticed changes in my bladder and/or bowel habits/function
- I have noticed pins & needles, numbness or tingling in both arms/both legs/around my genitals and anus
- I have noticed pins & needles, numbness or tingling in my face
- I have noticed myself tripping/stumbling/staggering
- I have felt vertigo or dizziness, or felt sudden "drop attacks" (loss of power or consciousness)
- I have noticed double vision/blurred vision
- I have had trouble speaking or swallowing
- I feel stiff for more than 30 minutes after sleep or rest
- I have a history of steroid use/drug abuse/immunosuppression/HIV
- My problems started after violent trauma/injury

Use this space to give a brief summary of any other medical conditions and previous surgery/operations you have had:

Can you think of anything that could be done at work to help you return quicker/improve things overall?

Signed: _____

Date: _____