# **Physiotherapy Client Consultation Sheet**

**Client Details**

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| **Client name (Indicate initials only)** |       |
| **Date of birth** |       |
| **Address** |       |
| **Contact information** |       |
| **Emergency contacts** |       |

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| **Client's reasons for seeking physiotherapy** |
|                 |

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| **Client's expectations for physiotherapy** |
|                 |

**Client’s Health and Medical Information**

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| **Medical conditions** |       |
| **Recent medical procedures** |       |
| **Current medications** |       |
| **Allergies** |       |
| **Previous injuries** |       |
| **Areas of pain** |       |
| **Skin conditions** |       |
| **Recent illnesses or infections** |       |

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| **Injury details:** |  |
| [ ]  WBT |  | [ ]  Sx |
| [ ]  FWB |  | [ ]  TKR |
| [ ]  TWB |  | [ ]  Other |