# **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** |
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**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 |