



Physiotherapy New Patient Intake Form

Welcome to Littlehampton Natural Health Centre

So we can best help you, we need to find some important information. We ask you take your time to complete this form, as the more information your Physiotherapist has, the easier they will be able to help you.

Should you have any questions or unsure about any of the questionnaire please contact the clinic & we will be more than happy to help. Alternatively, skip that question and your Physiotherapist can discuss it with you further during your consultation.

Please complete in black pen, using block capitals.

Name: _____ DOB (DD/MM/YY): _____

Email Address: _____

Height: _____ Weight: _____ Handed: Left Right

Occupation / Day Time Activities / Chores: _____

Other Activities / Interests / Hobbies: _____

GP Name / Surgery Name / Location: _____

Have you seen your GP regarding this issue? YES NO

If Yes, please specify what the GP said, any course of treatment or prescriptions:

Please list all the medications you are taking, including the dose: _____

Have you ever had any surgery or medical procedures? (please include dates)

Have you got any insertions? (pins / plates / orthotics / dentures / prosthesis / lenses etc)

Have you had any relevant X-Rays or MRIs? _____

Please list any traumas, falls or accidents (including dates) _____

Have you ever seen any of the following?

Physiotherapist Osteopath Chiropractor Acupuncturist Massage Therapist

Have you had any major dental work? (please give details) _____

Do you suffer with headaches or migraines? _____

Do you have any issues with the following?

Dizziness Fainting Balance Light Headedness Loss of Appetite Nausea

Have you ever experienced any of the following?

Stroke Angina Heart Attack Difficulty Breathing Unexplained Shortness of Breath

Details of diagnosed conditions (including dates) - please list conditions such as high blood pressure, diabetes, hyperthyroidism etc.

Please list any allergies and/or food intolerances - please list even if you suspect something which hasn't been formally diagnosed.

How did you hear about us?

Google Other Search Engine Friend Family Word of Mouth Referral Voucher

Other: _____

Thank you for taking the time to complete this form and we look forward to seeing you at your initial consultation. If any of these details change between now and your appointment, please be sure to let your Physiotherapist know.

In the meantime, if you need to contact the clinic you can do so by using any of the details below:

Tel: [01903 734373](tel:01903734373)

Email: reception@lnhc.co.uk

Address:

[Littlehampton Natural Health Centre](#)
[10c Granville Road](#)
[Littlehampton](#)
[West Sussex](#)
[BN17 5JU](#)