Pro Motion
Physiotherapy & Sports Injury Clinic

110-32555 Simon Ave.
Abbotsford, B.C.
V2T 4Y2
PH: 604.852.3180

PATIENT INFORMATION		
Patient's Name:		Today's Date:
Address:		City:
Postal Code:		Care Card #:
Primary Phone:	Alt. Phone:	Email:
Age:		Birth Date (yyyy/mm/dd):
Occupation:	Employer:	
Primary Physician:	Physician's City:	
Who Referred you to our office?		

PAINFUL AREA				
Why are you seeing the therapist today?				
Current problem is a results of a:	❑ Car Accident	❑ Work Accident	❑ Sports Injury	❑ Other

WHEN, WHERE, HOW DID YOUR PAIN START				
Date symptoms started or date injury occurred:				
Area of body involved:				
Describe the problem:				
How often does this occur?				
How long does it last?				
What makes the problem better?				
What makes the problem worse?				
Indicate your level of pain:	❑ Mild	❑ Moderate	❑ Severe	❑ Unbearable

Associated Symptoms (Check all that apply)

❑ pain	❑ weakness	❑ pain worse at night
❑ swelling	❑ tingling	❑ pain is constant
❑ limited motion	❑ numbness	❑ pain is intermittent
❑ locking or catching	❑ fever / chills	❑ Activity increases pain
❑ giving out	❑ redness	❑ headaches
❑ nausea	❑ dizziness	❑ fatigue

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CURRENT MEDICATIONS

List any medications taken for this problem or for other medical conditions:

PREVIOUS TREATMENTS OR TESTING

Physio/Chiro/Massage?	❑ No	❑ Yes	When?	Where?
X-Rays?	❑ No	❑ Yes	When?	Where?
MRI / CT Scan:	❑ No	❑ Yes	When?	Where?

PAST & CURRENT MEDICAL CONDITIONS

❑ Neck pain, including whiplash
❑ Concussion
❑ Cancer
❑ Blackouts / Fainting
❑ Arthritis
❑ Fractures
❑ Low back disc injury
❑ Depression / Anxiety
❑ Pacemaker
❑ High / Low Blood Pressure
❑ Heart Disease
❑ Digestion / Ulcers
❑ Recent weight loss
❑ Peripheral Neuropathy
❑ Diabetes
❑ Blood Clots
❑ Pregnancy

Other medical problems: ______________________________

Car accidents: ______________________________

Surgeries: ______________________________

ALLEGIES

❑ Latex Allergy ❑ Adhesive tape allergy