



SPORTS THERAPY

Jane Collins

Please print this out, complete it and bring it with you to the first appointment



MEDICAL HISTORY

Name _____

Date of Birth: _____

Family Health History

Mark those diseases found in your family history (parents, grandparents, uncles, aunts, brothers, sisters). Only those health problems usually associated with lifestyle are listed:

- Asthma
- Cancer
- Diabetes
- Heart disease
- High blood pressure
- Stroke

How many in your family died below the age of 65 from heart disease or a stroke?

- None/do not know
- One
- Two or more

Your GP's details:

Dr. _____

Address: _____

Postcode|_|_|_|_|_|_|_|_|_|

Personal Health History

Mark those health problems that apply to you, either now or in the past. Only those problems that may be associated with lifestyle are included.

- Allergy
- Anaemia
- Arthritis
- Asthma
- Bowel polyps
- Bronchitis or emphysema
- Cancer
- Cirrhosis or liver disease
- Diabetes
- Heart disease
- High blood pressure
- Joint or bone problems
- Lung disease
- Nervous breakdown
- Overweight
- Seizures
- Stroke
- Surgery
- Ulcers
- Other serious health problems list:

Medications

Indicate those medicines you use on a regular basis.

- Hormones/birth control pills
- Sleeping pills/sedatives
- Tranquillisers
- Thyroid
- Aspirin
- Blood pressure medicine
- Heart medicine
- Vitamins

Others: List:

How often do you use drugs or medications that affect your mood or help you relax?

- Almost daily
- Few times per week
- Few times per month
- Rarely or never

Current Symptoms

Mark symptoms you currently are experiencing.

- Pain or discomfort in chest with exercise, eating, or exposure to cold
- Frequent heart palpitations or fluttering
- Pain in legs when walking or climbing stairs
- Unusual shortness of breath
- Poor exercise tolerance
- Dizziness
- Chronic cough
- Coughing up blood
- Frequent headaches
- Frequent backaches
- Frequent digestive upsets
- Frequent colds/flu
- Significant, unexplained weight loss
- Passing blood in the faeces
- Change in mole size or colour
- Sores that will not heal
- Unexplained swelling or lump that persists

WOMEN ONLY

- Lump in breast
- Abnormal menstrual bleeding
- Unusual breast discharge
- Monthly self breast exam Yes/No

Regular cervical smear?

- Yes, annually
- Yes, every 2-3 years
- No, not regularly
- No, my uterus is removed

Signature

Date