



BODY ALIGN PHYSIO
Physiotherapy | Pilates

Welcome to Body Align Physiotherapy and Pilates! Please fill out the following sections on this form. This information is confidential and will not be released or revealed to any person without your written consent.

NAME _____ DOB _____

ADDRESS _____

CONTACT (Mobile) _____ (Email) _____

REFERRING DOCTOR _____

DO YOU HAVE ACCESS TO A COMPUTER WITH WEBCAM, SMARTPHONE OR TABLET? YES / NO

DO YOU HAVE ACCESS TO RELIABLE INTERNET? YES / NO

COMPLAINT OR INJURY? _____

HOW LONG HAVE YOU EXPERIENCED THESE SYMPTOMS? _____

ARE THERE ANY ACTIVITIES THAT MAKE THIS PAIN / SYMPTOMS WORSE?

WHAT MAKES YOUR PAIN / SYMPTOMS BETTER?

WOMEN'S HEALTH RELATED QUESTIONS

WHAT IS YOUR PRESENTING PROBLEM? (EG. INCONTINENCE, URGENCY, PROLAPSE)

MEDICAL CONDITIONS: Have you suffered from **(please circle)**

Asthma Osteoporosis High Blood Pressure

Osteoarthritis Heart Disease Hernia

Cancer Neurological condition/stroke Diabetes

Epilepsy Infectious Diseases Cardiac Pacemaker

Rheumatoid Arthritis Other _____

PATIENT AGREEMENT

I, _____ (Client's Name), consent to have the Physiotherapist at Body Align Physio contact me on my mobile phone or computer via video chat for the purpose of a telehealth treatment.

Signature _____ Date: _____