

Mike Harrison BSc (Hons) DipCST DipLSSM

1a Knowle Road, SHERINGHAM, Norfolk NR26 8PX tel/fax 01263 825149

PATIENT RECORD

name		
surname (CAPITALS)	forename(s)	sex M/F
address	tel no	
	date of birth / /	
	occupation	
	status	
postcode	children	ages
doctor's name		
tel no		
specific problem area/localised pain		
nature of pain		
onset		
past history		
aggravating factors		
relieving factors		
daily pattern		
any surgery or serious illness requiring hospitalisation		
accidents or injuries		
current or recent medication		
general health		
height	weight	
family medical history - current health, date/cause of death		
father:		
mother:		
siblings:		
date of first consultation:		

LIFESTYLE

smoking none light moderate heavy
alcohol none light moderate heavy
exercise none light moderate heavy
activity sedentary active

CURRENT & PREVIOUS MEDICAL HISTORY [OK = no problems reported]

musculoskeletal

cardiovascular

high blood pressure

low blood pressure

respiratory

asthma

digestive

diet

food intolerances

genitourinary

gynaecological

eyesight

dentition

hearing

sleep pattern

neurological

epilepsy

allergies

skin diseases

has patient previously received manual therapy?

patient's expectations

other comments: comments about birth, stress in life, most important issues &c

patient: _____