Reha-Punkt Findorff — Praxis für Physiotherapie
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Medical history form

Please fill this in at home and bring it to your first appointment. Everything you write here is covered by medical confidentiality (§ 203 StGB).

Personal details

Surname, first name

Date of birth

Street, postcode, town

Telephone (so we can reach you about appointments)

Health insurer

Insurance number

Your prescription

Prescribing doctor

Date the prescription was issued

Prescribed treatment (e.g. KG, MT, KG-Gerät)

Diagnosis stated on the prescription

Current complaints

Where are your complaints?

How long have you had them?

When are they worse, when better?

Pain today (0 = none, 10 = worst imaginable)

What would you like to achieve with the treatment?

Previous illnesses and operations

Operations (with year)

Previous illnesses

Medication and allergies

Medication you take regularly

Allergies and intolerances

Please tick if any of these apply to you

- [ ] Pacemaker, defibrillator or other implant
- [ ] Pregnancy
- [ ] Previous thrombosis or embolism
- [ ] Blood clotting disorder or anticoagulant medication
- [ ] Cancer (current or under treatment)
- [ ] Osteoporosis
- [ ] Infectious disease or open wound in the treatment area

Please also tell us during the course of treatment if anything here changes. This form does not replace a medical diagnosis.

Signature

Place, date

Signature (for minors: parent or guardian)