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Prepare my assessment

To fill in at home before your first session, then bring to the practice

About 10 minutes. Every answer is optional: tick or write only what you know. Save the file on your device or print it: the website receives nothing.

1. Who is filling in this document

This document is filled in by: ☐ me, for myself ☐ a parent, for their child ☐ a relative, for the patient
Patient's first and last name:
Date of birth: **Child under 2: age in months:**
Phone:

2. Why you are coming

You are coming for:
☐ Bones and fractures ☐ Rheumatism and joints ☐ Sports rehabilitation ☐ Paralysis and the nervous system
☐ Children ☐ Breathing ☐ Pregnancy, after birth, incontinence ☐ Posture and balance ☐ Lymphatic drainage
☐ other:
Did a doctor refer you to the practice? ☐ yes, Dr ☐ no
Do you have a prescription? ☐ yes ☐ no ☐ I don't know

3. Where and since when

Where do you have pain or discomfort? (you can tick several)
☐ Head and face ☐ Neck ☐ Back of the neck ☐ Shoulder ☐ Breathing ☐ Elbow and hand
☐ Upper back ☐ Lower back ☐ Pelvis and pelvic floor ☐ Hip ☐ Buttock and hip ☐ Thigh and calf
☐ Knee ☐ Ankle and foot ☐ elsewhere:
Since when? ☐ I don't know ☐ less than a week ☐ 1 to 4 weeks ☐ 1 to 3 months ☐ more than 3 months
How did it start?
☐ after a fall, a blow or an accident ☐ after an operation ☐ gradually, for no known reason ☐ I don't know
Since it started, it is: ☐ getting better ☐ not changing ☐ getting worse
Has it happened before? ☐ yes ☐ no

4. The pain

0 = no pain, 10 = the worst pain imaginable.
This week, your strongest pain (0 to 10): **This week, your mildest pain (0 to 10):**

5. What is difficult day to day

Up to 3 activities you find hard to do because of this problem (for example: climbing stairs, carrying a child, sleeping on your side). For each, a score from 0 (I can't do it at all) to 10 (as before).

1. /10
2. /10
3. /10

6. Your health

Known illnesses:
Operations (which ones, when):
Have you fallen in the last 12 months? ☐ no ☐ yes, number of times:
Medicines you take: ☐ I will bring my prescription or my list ☐ I write them:
Do you take, or have you taken for a long time, cortisone (corticosteroids)? ☐ yes ☐ no ☐ I don't know
Do you take medicines for sleep or for anxiety? ☐ yes ☐ no

Tests already done (to bring): ☐ X-ray ☐ MRI ☐ ultrasound ☐ CT scan ☐ doctor's report ☐ none
Have you already had physiotherapy for this problem? ☐ yes ☐ no

7. Signs that should not wait

Do you have pain that does not ease at rest, or that wakes you at night? ☐ yes ☐ no
Do you have a fever, or unusual tiredness? ☐ yes ☐ no
Have you lost weight without trying in recent months? ☐ yes ☐ no
Do you have, or have you had, cancer? ☐ yes ☐ no
Have you had a fall or a strong blow recently? ☐ yes ☐ no
Do you have osteoporosis, or have you had a fracture without a big blow? ☐ yes ☐ no ☐ I don't know
Do you feel tingling, or less feeling, between your legs (saddle area)? ☐ yes ☐ no
Do you have trouble passing urine, or new leaks of urine or stools? ☐ yes ☐ no
Is one leg getting weaker and weaker, or is the pain going down both legs? ☐ yes ☐ no

If you answered "yes"

Do not wait for your session: call your doctor. If you have trouble passing urine, new leaks or tingling between your legs, go to the emergency department.

8. Your everyday life

Your work or main activity: ☐ mostly sitting ☐ standing or moving ☐ carrying loads ☐ not working
Are you on sick leave because of this problem? ☐ yes ☐ no
Are you afraid that moving will make your problem worse? ☐ not at all ☐ a little ☐ a lot
At the moment, you feel stressed or discouraged: ☐ not at all ☐ a little ☐ a lot
Do you think your problem will get better? ☐ yes ☐ I don't know ☐ no

9. Your expectations and questions

What do you expect from the sessions?

Your questions for the physiotherapist:

10. If it is for your child

Your relationship to the child: ☐ mother ☐ father ☐ other:
The child was born: ☐ at term ☐ premature, weeks: ☐ I don't know
What the child can already do:
☐ hold their head up ☐ roll over ☐ sit unaided ☐ move around unaided ☐ walk unaided

11. What to bring

To bring:
☐ this document ☐ your prescription ☐ your X-rays, MRI or ultrasound scans ☐ your doctor's reports
☐ your health insurance papers ☐ comfortable clothes

Your information

This document helps prepare your first assessment at the KinéPath practice. Every answer is optional. The website receives nothing: you bring this document or show it at the practice. It is read by the physiotherapist, who is bound by professional secrecy. You can ask the practice to see it, correct it or stop using it.