

Prairie Trail Physiotherapy & Sport Injury Clinic	Physiotherapy Initial Assessment Date:			
& Sport Injury Clinic	Patient Name:		Age:	
	Area to be assessed:			
S: List all medications (incl. vitamins	/herbal/supplements)		<u></u>	5
Surgeries Past/Current:			Right	Left \
Fractures:			18.71	1.1
History of Cancer:			/// \ ///	1/12
Check all that Apply:			s (V) a	
Osteoporosis/Osteopenia□		 Dizziness or 	111)(
• Cardiac Problems		nausea□	\ /	\
Respiratory disease/problem	ns□	 Headaches□ 	717	b)
Recent weight loss/gain □ _		/week		
Night pain□ Night sweats□		• Arthritis		
Pregnant□weeks		• HIV + \Box YES/ \Box N	NO	
• Changes in bowel and bladder control		Hepatitis A□ B□	С□	
• Pain with cough or sneeze□		• Diabetes □ Type	1 □ Type 2	
Cosmetic Surgeries (Breast)	Implants, etc.)			