



Espoo Health Centre
Outpatient physiotherapy
Date _____

Preliminary information form

Name _____ Social security number _____

Description of occupation _____

Reason for seeking medical help _____

Current medication _____

Previous x-rays or other examinations _____

Other illnesses _____

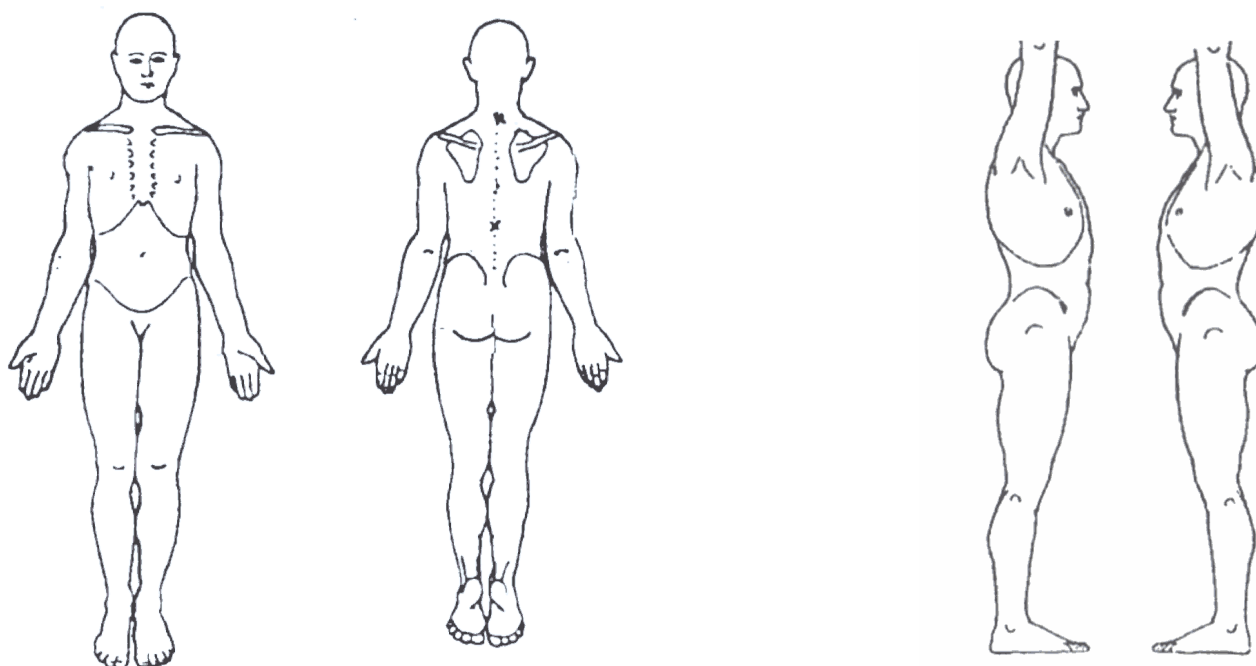
Any previous physiotherapy _____

Exercise habits / hobbies _____



Table:

How much do the symptoms affect	Considerably	Somewhat	Not at all
moving around			
performing your work/ attending school			
free time / hobbies			
household work			
getting dressed			
sleeping at night			
some other activity (specify)			



Pain diagram

Mark the area where you have experienced pain to the human figures above. Mark the area from above, from behind and from the side.

Severity of pain

Place a mark on the scale below that best corresponds to the severity of the pain during the last week.

0 no pain at all

10 worst possible pain
10 cm line

