

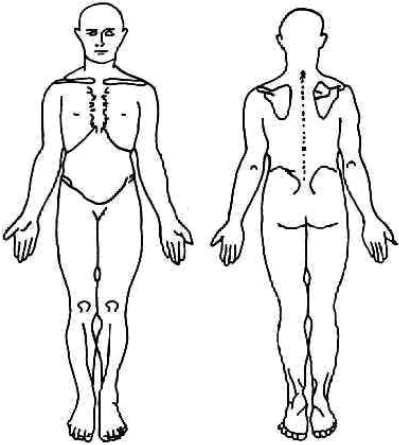


Personal Details	
Name	
Date of Birth	
Address	
Phone number	
Email address	
Doctor Name	
Doctor Address	
Sporting Activity	

How did you hear about us? (Please tick)		
Website	Facebook	
Occupational Health	Instagram	
Friend/Family	Email	
Kent Sport Staff	University staff	
Canterbury Hockey Club	Fitness Suite	
Other:	Event: 10km/VC Cup /Pilgrims cycle	

Medical Details								
Please highlight any of the following which you have/ have had in the past:								
	YES	NO		YES	NO		YES	NO
Unexplained weight loss			Bilateral Pins and Needles in feet			Fatigue		
History of cancer			Unsteady with walking			Fibromyalgia		
Diabetes			Bladder/Bowel problems			Hernia		
Epilepsy			Saddle Anaesthesia			Hepatitis		
Asthma			Inability to lie flat			Tuberculosis		
Heart problems/Stroke			Facial/Tongue pins and needles/numbness			Are you currently pregnant?		
Raised blood pressure			Nausea			Kidney disease		
Anxiety/Depression			Shortness of breath			Use of orthotics		
Any other conditions/comments from YES with dates and descriptions								
Orthopaedic Conditions								
	YES	NO		YES	NO		YES	NO
Arthritis			Limited joint range			Joint replacement		
Broken bones			Scoliosis			Slipped discs		
Sprains/Strains			Congenital hip dislocations			Dislocated/subluxed joints		
Any other conditions/comments from YES with dates and descriptions								
Have you had any investigations/treatments/medication linked to your current injury? E.g. MRI, X-Ray								
Have you had any investigations/treatments/medication linked to your previous injury? E.g. MRI								

Body Chart



Name

DOB

Page No