

# MEND FREE CONSULTATION – Part One - Client

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**Welcome to Mend Physiotherapy.**

**Physiotherapist:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

This form provides information for the Free Consultation .

The information from this form will be assessed together with a 15 minute discussion with the Physiotherapist to determine whether you would benefit from a full Diagnostic Physiotherapy Consultation.

All information provided remains confidential between the client and Mend Physiotherapy and is not shared with any third party.

**Consent**

I, the client, consent to a 15 minute Free Consultation by the above named Physiotherapist.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

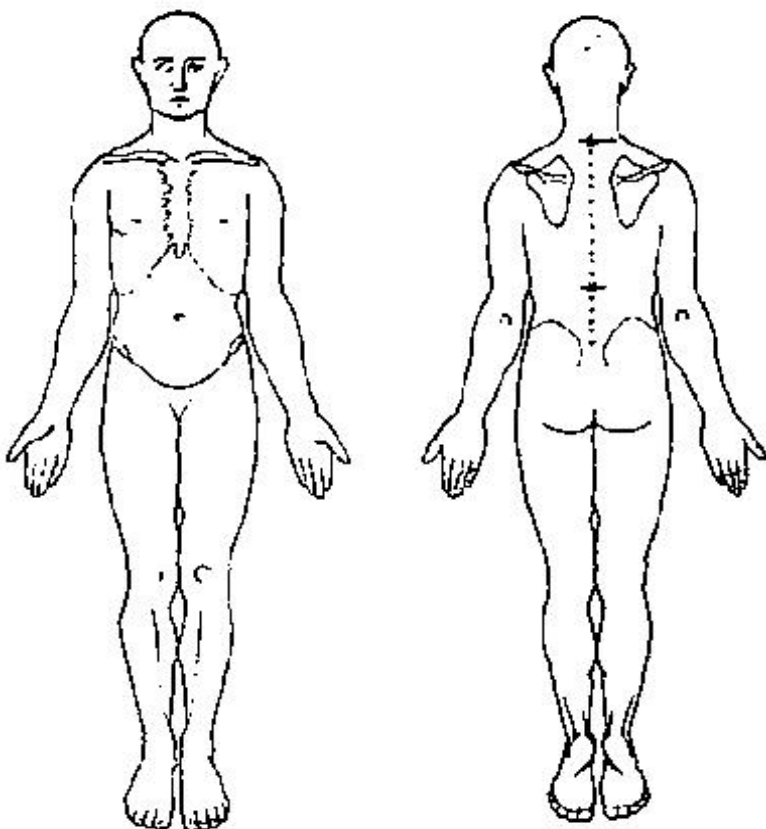
Personal Details			
Name			Address
DOB		Age	
Telephone			
Mobile			
Email			GP Name & Address

Health and Performance Updates			
Please mark the areas you would wish to receive relevant updates by email and invitations to talks and events.			
Performance Improvement		Physiotherapy Issues and Clinics	
Cycling		Sports injury management	
Running		Sports specific training	
Golf		Musculoskeletal issues and treatment	
Walking & Climbing		Pre and post operative fitness	
Football & Rugby		Back, neck and shoulder pain	
Triathlon		Leg, ankle and foot pain	
Skiing		Pilates (recovery from injury/osteoporosis/well-being)	
Racquet Sports		Ante/Post natal treatment and advice	
Water Sports		Deep tissue massage for recovery	
Other Sports		M.O.T. for computer users	
		How to age healthily	

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Show us where your pain is?



Tell us 3 activities that are painful to do?

Have you needed to see your doctor for this?

How can we help you?