

NAME

D.O.B

OCCUPATION

PLACE OF WORK

WHAT DO YOU DO THAT PUTS YOUR BACK AT RISK?

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WHEN AND HOW DID YOUR FIRST BACKACHE START?

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HOW MANY EPISODES DO YOU HAVE A YEAR?

WHAT SPARKS IT OFF?

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WHAT HELPS?

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HAVE YOU BEEN TO A DOCTOR BECAUSE OF YOUR BACK? YES / NO

WHAT DID HE SAY TO YOU AND WHAT DID HE RECOMMEND?

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HAVE YOU EVER STAYED IN BED BECAUSE OF BACK ACHE? YES / NO

WHAT MEDICATION DO YOU USE WHEN YOU HAVE BACKACHE?

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HOW OFTEN HAVE YOU BEEN OFF WORK BECAUSE OF BACK ACHE?

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HAVE YOU EVER HAD PHYSIOTHERAPY FOR YOUR BACK? YES / NO

IF SO, WHAT TREATMENT?

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HAVE YOU EVER BEEN TO AN OSTEOPATH OR CHIROPRACTOR? YES / NO

HAVE YOU BEEN GIVEN EXERCISES BEFORE? YES / NO

DO YOU HAVE ANY MEDICAL CONDITIONS HEALTH PROFESSIONALS SHOULD KNOW ABOUT?

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IS THERE ANYTHING YOU WOULD LIKE TO SAY ABOUT YOURSELF OR YOUR CIRCUMSTANCES?

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CERTAIN SYMPTOMS MAY REQUIRE FURTHER INVESTIGATION AND SHOULD BE MENTIONED TO YOUR GP AS SOON AS POSSIBLE. THEY ARE KNOWN AS RED FLAGS AS THEY ALERT THE MEDICAL PROFESSIONAL TO CONSIDER OTHER FACTORS WHICH MAY BE INVOLVED. TICK THE ONES THAT MAY APPLY TO YOU.

- **ALTERED CONTROL OF BLADDER OR BOWEL**
- **NUMBNESS BETWEEN THE LEGS KNOWN AS SADDLE ANAESTHESIA**
- **NIGHT PAIN**
- **YOUNGER THAN 20 OR OLDER THAN 55**
- **WEAKNESS IN THE LEGS**
- **WEIGHT LOSS**
- **HISTORY OF CANCER**
- **RECENT INJURY**
- **OSTEOPOROSIS – ‘BRITTLE BONES’**

- **PAIN ON COUGHING OR SNEEZING**
- **CONSTANT WORSENING PAIN**
- **PERSISTENT DIFFICULTY BENDING THE BACK**