

Entry questionnaire for examination of the musculoskeletal system



First and last name: _____ Date of birth: _____

Mobile phone number: _____ Email: _____

Health insurance company: _____ Profession: _____

Postal code: _____

How did you hear about us?

A) Web search B) Web banner C) Large-scale advertisement D) Article E) Recommendation

F) Other

Why did you decide to choose our services?

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Personal anamnesis/medical history: (please circle the appropriate answer and add your diagnosis)

- Surgery of the internal organs (add date, reason, process of the surgery) YES/NO.....
- Surgery of the bones or joints (add date, reason, process of the surgery) YES/NO.....
- Neurological problems, neuromuscular transmission (epilepsy, myasthenia) YES/NO.....
- Cardiovascular disorders (heart rhythm, hypertension, varices, venous insufficiency) YES/NO.....
- Functional disorders of the thyroid gland YES/NO.....
- Disease of the spine and bigger joints YES/NO.....
- Diabetes mellitus (I or II type) YES/NO.....
- Cancerous illness (add date and what organ) YES/NO.....
- Corticoid injection in the last 3 weeks YES/NO.....
- RTG therapy in the last 6 weeks YES/NO.....
- Pacemaker implemented YES/NO
- Women: Are you currently pregnant? YES/NO Month: Physiological / High-risk pregnancy

Sports: (Frequency of sports, type, regularity)

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Current problems? What problem specifically bothers you? What causes you pain? Which position gives you relief? Where does the pain restrict you?

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Did you go through an injury? Please write down the year in which you got injured (alternatively write down your age when you got injured). Which part of your body was injured? In what range have you been injured (sprained ankle, fracture, car accident)?

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I, the undersigned, declare that I am aware of the relevant contract terms of FYZIOklinika s.r.o., which is resident on Machkova 1642/2, Prague 4, 14900, trader identification: 24222101, („FYZIOklinika“). Contract terms of FYZIOklinika are available in the waiting room or on the internet. I certify that based on the Act No 101/2000 Coll., about the protection of personal data in force, i agree that **FYZIOklinika can process my personal data**, including the data about my health condition, which are listed in this questionnaire, in order to assess the suitability of the of treatment and relaxing procedures, or to recommend the healing and regenerative measures. Hereinafter, I certify that based on the Act No 372/2011 Coll. about medical service as amended, **I agree with the provided medical service and informations** in accordance with individual treatment process according to the contract terms of FYZIOklinika. Hereinafter, based on the Act No 480/2004 Coll. on certain information society services as amended, i agree to the sending of commercial communications exclusively for future communication between the client and FYZIOklinika. I hereby certify all my agreements for indefinite duration, and they may be revoked at any time even by delivered writing to the address of FYZIOklinika or to the email address: kontakt@fyzioklinika.cz

In Prague (date): _____

Signature: _____

I expressly **FORBID** the persons acquiring qualification for practicing the profession of physiotherapist or masseur to be present during the provided medical treatment or massage service to me or person that I represent.