



Alun Lewis L.C.S.P.(Assoc.) I.P.T.A. Pilates Foundation UK  
Remedial Massage Therapist  
Pilates Teacher

Please give the name of the doctor/practitioner who dealt with your complaint:

.....

What was the diagnosis?.....

Please describe the treatment you received including any medications prescribed:

.....

.....

.....

.....

.....

What makes your symptoms worse?

.....

.....

What makes your symptoms better?

.....

.....

Have you suffered with this complaint in the past?.....

Please give details of previous episodes including how many and the frequency of episodes:

.....

.....

.....

.....

.....

What treatment have you received for previous episodes? (including medication, osteopathy, chiropractic, remedial massage, physiotherapy etc.,)

.....

.....

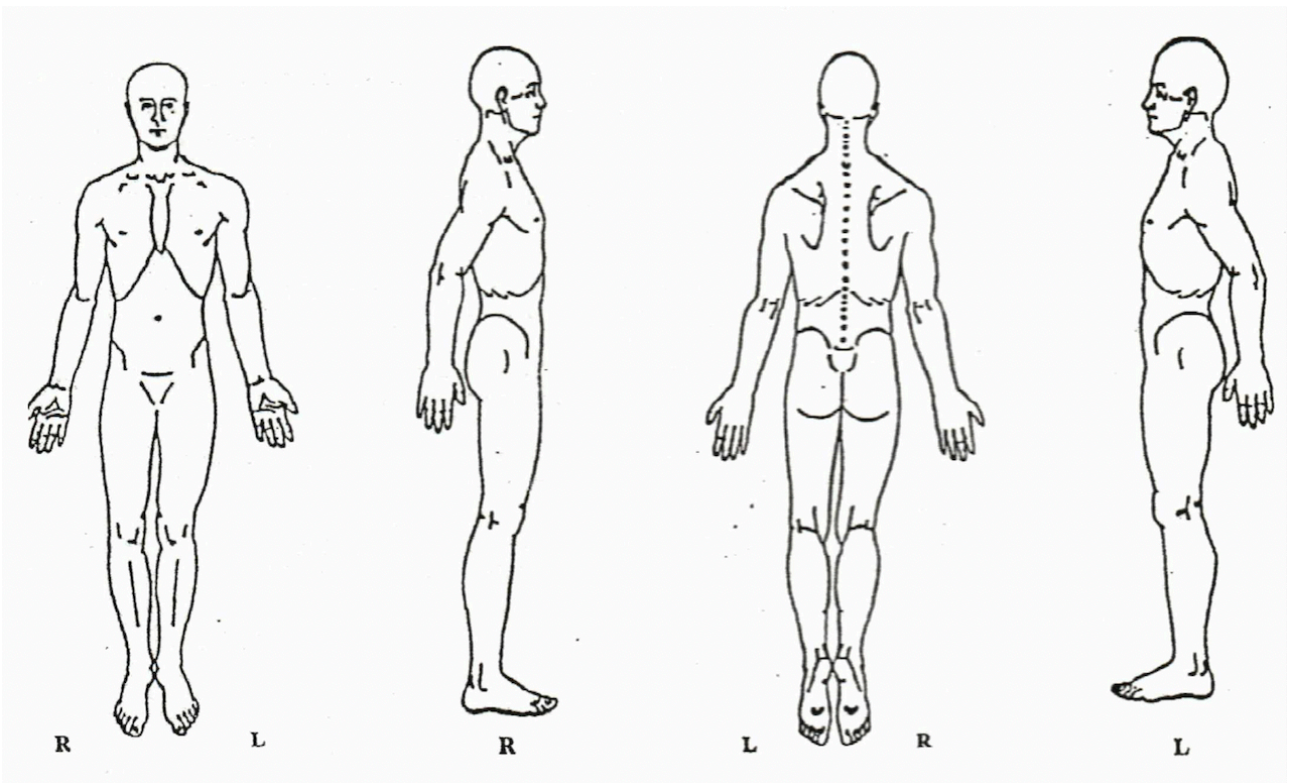
.....

Name(s) of practitioner(s) from whom you have received treatment:

.....  
.....  
.....

On a scale of 0 to 10 please indicate by circling the relevant number the pain level you are experiencing at the moment.

1      2      3      4      5      6      7      8      9      10



Please indicate on the diagrams where you feel symptoms by circling the area and labelling with: P for Pain, N for Numbness, PN for Pins and Needles, B for Burning, A for Aching, T for Tightness

