



Reason for Visit – QUESTIONNAIRE II

Name: _____
First Last

Date: _____
D.M.Y

Reason for consulting Movewell (please check all that apply):

- For Optimizing Health & Performance
- Nutrition Counseling
- Pain
- Sports Injury
- Accidents/Trauma

Describe what brought you to Movewell:

Date of onset: _____ Have you had X-rays / CTs / MRIs taken of the aforementioned area? Yes No

Have you had this problem in the past? Yes No If yes, is it the Same Worse Better than before

Describe the pain: Achy/Throbbing/Stabbing/Burning/Shooting Dull/Sharp Deep/Superficial

What % of the day do you have the pain? 0-25% 26-50% 51-75% 76-100%

Does it affect your regular activities? Yes No If yes, how so? _____

Severity of pain on a scale from 0 (none) - 10 (worst imagined): Today? _____ At Time of injury? _____

When do you feel the best? Morning Afternoon Evening Night

When do you feel the worst? Morning Afternoon Evening Night

Have you seen anyone else for this problem? Yes No If yes, who? _____

What profession? Medical Doctor Chiropractor Nutritionist Trainer Physio Other

If you would like us to contact the professionals for your previous treatment records, please give us as much information as possible (phone, address, name, city, email etc.): _____

How have you treated yourself for this condition? Medication Massage Ice/Heat Exercise Stretching Other

Please list anything that makes the condition better: _____

Please list anything that makes the condition worse: _____

Are you currently taking any medications, supplements, muscle relaxer? Please list the reason, dosage and name:

Do you follow a specific nutrition plan/diet? Yes No If yes, what does it contain, including goals?

Do you have allergies? Yes No If yes, to what? _____

If yes, what do you do to prevent or alleviate symptoms? _____

I have completed this form to the best of my ability and discussed the information with Movewell professionals. I understand that they rely upon this information to make treatment recommendations.

 Patient Signature
(If the patient is not yet 18 years old, a parent must sign.)

 Movewell® – Martin Strietzel