

Registrationsform direct accessibility physiotherapy

Personal information

Surname: _____ Initials: _____
 First name: _____ BSNnumber: _____
 Adress: _____ Date of birth: _____
 Zip code: _____ Gender: M / V
 City: _____ Phonenumbers: _____
 E-mail: _____
 Insurancename _____ Insurancenummer: _____

Information general practitioner

Name: _____
 Adress: _____
 Zip code: _____ City: _____

What is the reason of your contact with the physical therapist? Describe your complaint

What is your request for help?

Medical information	yes	no	If yes, please specify
Do you take medication?			
Are you under treatment by a specialist?			
Is your health lately decreased?			
Are you currently sick?			
Do you currently have unexplained fever?			
Do you unexpectedly lost weight lately?			
Do you have alcohol or drug problems?			
Do you have long term use of corticosteroids?			
Did you have had bone fractures in the past?			
Have you've been seriously ill in the past?			
Do you have problems with sleeping?			
Do you have nocturnal pains?			
Do you have loss of feeling in your body?			
Do you have suddenly loss of strenght in your body?			
Do you have weird tingling sensations in your body?			
Do you lose your balance on a regular basis?			
Is your complaint the result of a recent trauma?			

Stratum

Voorteweg 150
 5611 TS, Eindhoven

Philips Stadion

Stadionplein 2
 5616 RX, Eindhoven

Valkenswaard

Van der Clusenstraat 10
 5553 EL, Valkenswaard

Contactgegevens

040-202 70 27
 info@FysioQuick.nl

(see other side)

Bedrijfsgegevens

KvK: 17219873
 NL46 RABO 0120 8674 35



	<u>yes</u>	<u>no</u>	If yes, please specify
Answer with yes if your symptoms do not diminish or change by rest or attitude change			
Have you lately suffer from speech problems?			
Have you lately suffer from confusion or memory loss?			
Do you sometimes lose control of your bladder or stool?			
Are you lost control of your limbs?			
Are you under the control of the thrombosis service?			
Do you have recently flown or dived?			
Has your doctor ever said you have heart problems?			
Do you have chest pain in physical exertion?			
Do you currently have a lot of stress?			
Will you find yourself in emotionally intense conditions?			
Are you under treatment by a psychologist or a psychiatrist?			

Will you agree that the above information will be send to your doctor? Yes / No

No, because _____

General provisions:

- You must take into account how you are insured.
- You must take into account the number of treatments that are reimbursed.
- You should be on time for your treatment.
- You need to cancel your appointment 24 hours in advance by phone or e-mail otherwise the treatment will be fully charged.
- You should bring a towel during treatment.

Do you have filled out the above information truthfully? Yes / No

Have you read the above information and you agree? Yes / No

Date: _____

Signature: _____

To be completed by the therapist

Zijn er rode vlaggen aanwezig: Ja/Nee Welke _____

Verder fysiotherapeutisch onderzoek is geïndiceerd, patiënt wordt in behandeling genomen
Verder fysiotherapeutisch onderzoek is geïndiceerd, patiënt wordt doorgestuurd naar collega; Dhr/Mw. _____ te _____
Verder fysiotherapeutisch onderzoek is niet geïndiceerd, patiënt wordt niet doorverwezen naar anderen
Verder fysiotherapeutisch onderzoek is niet geïndiceerd, patiënt wordt geadviseerd contact op te nemen met huisarts

Name therapist: _____

Date: _____

Signature therapist: _____