Fysiotherapie **Quickfit**

Registrationform direct accessibility physiotherapy

Personal information

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

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?			
Answer with yes if your symptoms do not diminish or change by rest or attitude change			

(see other side)

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	yes	no	If yes, please specify
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:_____