Pre Assessment Questionnaire

It is helpful for us to have some information to hand at your first appointment. Please complete this form and print it (if you are able) to bring to your first appointment.   
  
If you are unable to do this, or to answer any questions here, please don’t worry! We can do it at the appointment. Its helpful, but not essential.  
1. Please list any prescribed medication you are presently taking.  
  
  
  
  
2. Do you have any medical conditions we should be aware of? In particular, we need to know if you have any Allergies, Diabetes, Skin conditions or anything you are under ongoing care for from your GP or Hospital for.

3. Tell us a little, in brief, about the problem you have come to see us about.

What’s the problem?

How long has it been present?

What treatments have you already tried for it?

Is there anything else you think we should know?