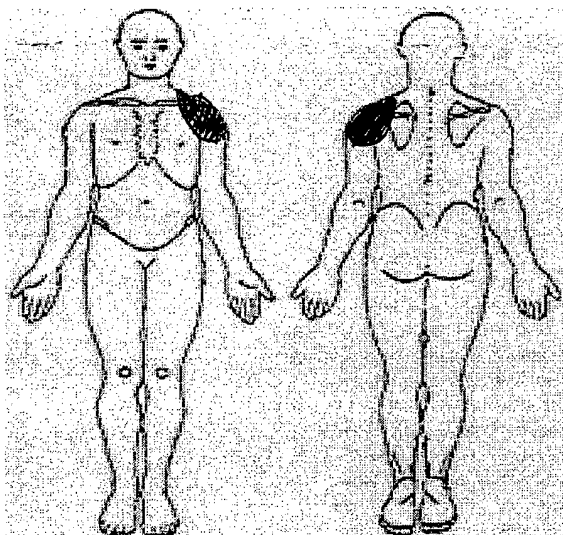


Name: LEE REID
 Address: ROSSIE SECURE UNIT,
BY MONTROSE, ANGUS, DD10 9TW
 Daytime phone number 01674 820354
 Mobile
 Next of Kin PAM MORRISON (NURSE PRACTITIONER)
 Contact Number 01674 820354
% ROSSIE UNIT.

Date of Birth: 100592
 GP Name: DR KRMGR
 GP Surgery: AWANTBANK SURGERY
 Today's date 01 / 04 / 2016

FOR PHYSIOTHERAPY USE ONLY:
 Date referral received: / /

Please shade in the location of your problem
on the body chart



Please describe your present problem & symptoms:

LEE DISLOCATED HIS LEFT SHOULDER ON 10/3/10 WHEN PLAYING FOOTBALL. HE ATTENDED A+E AT NINEWELLS AND IT WAS REDUCED UNDER SEDATION. LEE CONTINUES TO SUFFER MODERATE DISCOMFORT IN HIS SHOULDER ESPECIALLY ON MOVEMENT. SEEN BY VISITING G-P. AND ADVISED TO PUT A REFERRAL IN TO PHYSIO.

Start date of symptoms: 10/3/10.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Have you had a recent operation? Y/N If yes give details _____
- Have you had a recent broken bone (fracture)? Y/N If yes give details _____
- Are you pregnant? Y/N _____
- Have you recently had pins and needles or numbness in your arm or leg? Y/N _____
- If you have back or leg pain, do you have any problems with your bladder or bowel habits? Y/N _____
- Have you ever had cancer? Y/N If yes give details _____

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE PLACED IN YOUR MEDICAL NOTES

For Physiotherapy Use Only

Assessed by (physiotherapist name):..... Date:.....