

|  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <b>Date of visit and treating physiotherapist's initials (e.g. 27/3/10, JY)</b>      | ..../..../....<br><b>Initials:</b> | ..../..../....<br><b>Initials:</b> |
| If patient UTA'd or DNA'd visit (please tick <input type="checkbox"/> )              |                                    |                                    |
| Length and the type of consultation<br><br>(e.g. 20 mins face to face/via telephone) |                                    |                                    |
| Discharged (please tick <input type="checkbox"/> )                                   |                                    |                                    |
| <b>Core Modalities used (please tick <input type="checkbox"/>)</b>                   |                                    |                                    |
| 1. Assessment / Reassessment   |                                    |                                    |
| 2. Education and advice  |                                    |                                    |
| 3. Help with pain relief   |                                    |                                    |
| 4.a. Supervised exercises in clinic  |                                    |                                    |
| 4.b. Exercise prescription given   |                                    |                                    |
| 4.c. Exercise diary given / reviewed   |                                    |                                    |
| 4.d. Exercise progressed (please state e.g. ↑ reps, harder exercises)                |                                    |                                    |
| <b>Type of exercises provided (please state)</b>                                     |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| Ex Number from Core:   |                                    |                                    |
| <b>Other none- core Exercise :</b><br>(please state)                                 |                                    |                                    |
| <b>Other none- core Exercise :</b><br>(please state)                                 |                                    |                                    |

|   |  |  |
|---|--|--|
| <b>Other treatment used:</b> (please state e.g. manual therapy, hip steroid injection, orthotics) |  |  |
| <b>Adverse Events:</b> (e.g. muscle soreness, injury whilst exercising)                           |  |  |
| <b>General Comments:</b>  |  |  |