Physical Therapy Questionnaire

These questions are designed to gain an understanding of your pet’s current condition and any relevant history which may help to create an appropriate treatment plan for them. This will compliment a full examination of your pet and will be useful to use as a baseline to assess response to treatment. It is also extremely useful to have a full clinical history, especially details of any surgeries and diagnostic tests (such as x-rays), which ideally should be forwarded from your veterinarian before the initial appointment.

***Patient Details:***

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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Age:** |  | **Breed:** |  |

***Owner/s Details:***

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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Contact Number:** |  | **Email Address:** |  |
| **Name:** |  | **Contact Number:** |  | **Email Address:** |  |
| **Name:** |  | **Contact Number:** |  | **Email Address:** |  |

**Current Veterinary Practice:**

Please give details of your current veterinary clinic, so we can send reports and updates on your pet’s treatment and progress.

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| **Current Vet Clinic:** |  | **Vet Clinic Contact:** |  |

**History:**Please fill out each box to the best of your ability. If there is not enough space in each box, please attached another page to continue.

* Please describe the current issue with your pet's health which may benefit from physical therapy, including how long this issue has been present and how the issue started (if known):

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* Has your pet had any treatments for this issue (including medications, surgery)? Did your pet respond to treatment (positively/negatively or not at all):

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* Has your pet had any other injuries or issues with mobility in the past not related to the current complaint? Please describe:

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* Does your pet have any other medical conditions (both currently or any relevant previous issues):

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* Please list current medications (including dose and frequency of dosing):

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| --- | --- | --- | --- | --- | --- |
| Drug Name: |  | Dosage: |  | Consistency: |  |
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| Drug Name: |  | Dosage: |  | Consistency: |  |

* Please give details of any joint supplements currently given (or tried in the past):

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* What is your pets current diet? Please advise if your pet has any dietary restrictions or intolerances (as food is often used as a training tool when teaching exercises):

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* Do you have any concerns about your pets weight:

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**Home environment:**Please select a box that relates to the question:

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| --- | --- | --- | --- | --- | --- |
| **Question** | Always | Often | Sometimes | Rarely | Never |
| Does your pet regularly use stairs/steps at home? |  |  |  |  |  |
| Does your pet ever slip or slide on the flooring at home? |  |  |  |  |  |
| Does your pet have free access to an outdoor area? |  |  |  |  |  |

List any other animals present in your home:

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| --- | --- | --- | --- | --- | --- |
| Name: |  | Breed: |  | Age: |  |
| Name: |  | Breed: |  | Age: |  |
| Name: |  | Breed: |  | Age: |  |
| Name: |  | Breed: |  | Age: |  |
| Name: |  | Breed: |  | Age: |  |

**Activities of Daily Life:**

Does your pet struggle with any of the following:

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| --- | --- | --- | --- | --- | --- |
| **Question** | Always | Often | Sometimes | Rarely | Never |
| Sitting or lying down comfortably? |  |  |  |  |  |
| Rising from a sitting/lying position? |  |  |  |  |  |
| Rolling over? |  |  |  |  |  |
| Getting on or off furniture? |  |  |  |  |  |
| Getting into/out of the car? |  |  |  |  |  |
| Going up or down stairs/steps? |  |  |  |  |  |
| Going up or down hills? |  |  |  |  |  |
| Sratching or grooming themselves? |  |  |  |  |  |
| Getting into and maintaining a normal posture for urination/defecation? |  |  |  |  |  |

* Have you noticed any changes in your pets behaviour? For example, not willing to play with other dogs, less tolerant with family members/children, less interactive with the family:

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* Have you noticed any change in toileting habits, or any accidents in the home/incontinence:

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* Have you noticed any changes with your pets sleeping habits? For example, unable to get comfortable in their bed; shifting position regularly; not sleeping through the night:

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* Are there any other activities of daily life that you think your pet is struggling with:

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**Exercise:**

* Please describe your pets current average weekly exercise (including length of walks/runs; any swimming or other activities; playtime activities etc):

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* Is the above an increase/decrease from previous activity levels for your pet:

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* Is there any activity in particular that seems to flare up the current (or previous) issue:

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* Does your pet seem any better or worse after exercise:

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* Does your pet seem any better or worse after a period of rest:

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* Are there any exercise or lifestyle goals you would like to achieve with your pet:

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If there are any additional pieces of information you would like to include, please do so below (including behavioural considerations, such as if your dog doesn’t get along with other dogs, or your pet is anxious around new people – we aim to make the consults and treatments as stress free as possible).

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Thank you for taking the time to answer these questions.