Lindsey Ebbs Podiatry MSK / Biomechanical Appointment Form

* Required

1. Email *

2. Name

3. Date of birth

Example: January 7, 2019

4. Telephone number

5. Address

6. Postcode

7. Emergency contact name

8. Emergency contact telephone number

9. Drs name

10. Practice address

11. Practice telephone number

General History

12. Please specify any medical conditions

13. Please specify any surgeries

14. Have you had a previous acute injury or trauma?

Mark only one oval.

- Yes
- No

15. If you answered yes above, please specify

16. Have you had recent weight gain or loss?

Mark only one oval.

- ◯ Yes
- ◯ No

17. If you answered yes above, please specify

_____

_____

_____

_____

_____

18. Do you have known or potential eating disorders?

Mark only one oval.

- ◯ Yes
- ◯ No

19. If you answered yes above, please specify

_____

_____

_____

_____

_____

20. Have you been feeling more tired or fatigued than usual?

Mark only one oval.

- Yes
- No

21. If you answered yes above, please specify

22. Have you been feeling stressed or anxious of late?

Mark only one oval.

- Yes
- No

23. If you answered yes above, please specify

24. Any recent dietary changes?

Mark only one oval.

- ◯ Yes
- ◯ No

25. If you answered yes above, please specify

_____

_____

_____

_____

_____

26. Are there any changes to your sleeping habits?

Mark only one oval.

- ◯ Yes
- ◯ No

27. If you answered yes above, please specify

_____

_____

_____

_____

_____

28. Are you currently taking any medication?

Mark only one oval.

- ◯ Yes
- ◯ No

29. If you answered yes above, please specify medication and dosage

30. Are you taking any additional non prescribed supplements?

Mark only one oval.

- ◯ Yes
- ◯ No

31. If you answered yes above, please specify

32. Are you male or female?

Mark only one oval.

- ◯ Male *Skip to question 39*
- ◯ Female *Skip to question 34*
- ◯ Other: _____

33. Any further notes relating to general history

_____

_____

_____

_____

_____

Female Only

34. Do you have regular periods?

Mark only one oval.

- ◯ Yes
- ◯ No

35. What age were you when you had your first period?

_____

36. Are you pregnant?

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Maybe

37. Are you menopausal?

Mark only one oval.

- ◯ Yes
- ◯ No

38. Any further notes relating to this section

COVID-19

39. Have you had COVID-19?

Mark only one oval.

- ◯ Yes
- ◯ No

40. Do you have long covid?

Mark only one oval.

- ◯ Yes
- ◯ No

41. Have you had a covid vaccine?

Mark only one oval.

- ◯ Yes
- ◯ No

42. Have you had a covid booster vaccine?

Mark only one oval.

- ◯ Yes
- ◯ No

43. Any further notes relating to COVID-19?

Injury History

44. Are you currently injured?

Mark only one oval.

- ◯ Yes
- ◯ No

45. If you answered yes above, please specify

_____

_____

_____

_____

_____

46. Are you still doing what you normally do at work or an activity?

Mark only one oval.

- ◯ Yes
- ◯ No

47. If you answered yes above, please specify

_____

_____

_____

_____

_____

48. Is this a new or reoccurring problem?

Mark only one oval.

- ◯ New
- ◯ Reoccurring

49. How long have you had the current symptoms?

_____

50. When did you first notice the pain?

_____

Example: January 7, 2019

51. Please describe your symptoms and locations of the pain

_____

_____

_____

_____

_____

52. Were the symptoms initially brought on by an activity?

Mark only one oval.

- ◯ Yes
- ◯ No

53. If you answered no above, how did you develop the injury?

_____

54. Which options best describe your pain?

Check all that apply.

- [ ] Dull
- [ ] Sharp
- [ ] Constant
- [ ] Intermittent
- [ ] Throbbing
- [ ] Burning
- [ ] Numbness
- [ ] Pins and needles

Other: [ ] _____

55. Was the injury onset gradual or sudden?

Mark only one oval.

- ◯ Gradual
- ◯ Sudden

56. When does it hurt?

Check all that apply.

- [ ] During work
- [ ] Walking
- [ ] Rest
- [ ] Activity
- [ ] Night time
- [ ] Stairs
- [ ] Hills

Other: [ ] _____

57. When you do an activity, when do your symptoms occur?

Check all that apply.

- [ ] Every step
- [ ] Worse at the end
- [ ] Worse at the start
- [ ] After an activity
- [ ] The next day

Other: [ ] _____

58. What helps to relieve your symptoms?

_____

_____

_____

_____

_____

59. What increases your symptoms?

60. Does your footwear make the problem?

Mark only one oval.

- ◯ Better
- ◯ Worse
- ◯ Not sure

61. Have there been any recent changes?

Check all that apply.

- ☐ Increase in activity or work duties
- ☐ Started a new job or sport
- ☐ New shoes
- Other: ☐ _____

62. Have you had another injury or discomfort in your feet and legs prior to this injury that yo have tried to put up with?

Mark only one oval.

- ◯ Yes
- ◯ No

63. If you answered yes above, please specify

64. What do you think is the most likely cause of your pain, injury or problem?

65. Have you seen or are you seeing another healthcare professional for this current problem

Mark only one oval.

- Yes
- No

66. If you answered yes above, is there any treatment plan in place and what does that entail?

67. Any further notes relating to injury history

Previous Related Problems or Injuries

68. Have you ever had any of the below

Check all that apply.

- [ ] Knee pain
- [ ] Iliotibial band syndrome
- [ ] Stress fractures
- [ ] Planter fasciitis
- [ ] Arch pain
- [ ] Shin pain
- [ ] Achilles' tendinopathy
- [ ] Chronically sore or tight muscles
- [ ] Calf strain
- [ ] Forefoot pain
- [ ] Lower back pain
- [ ] Hip / Gluteal pain
- [ ] Ankle pain
- [ ] Neck pain

Other: [ ] _____

69. Any further notes relating to previous related problems or injuries

Shoes

70. What model are your activity shoes in training and racing?

71. How long have your had your current pair of shoes?

72. Did you self-select or did you go somewhere that provided them with a fitting service?

Mark only one oval.

- Self-select
- Fitting service

73. Which orthotics do you wear?

Check all that apply.

- [ ] Off the shelf
- [ ] Running shop
- [ ] Podiatrist
- [ ] NHS MSK, Orthopaedic dept
- [ ] I don't wear orthotics
- [ ] Other: _____

74. Do you run?

Mark only one oval.

- ◯ Yes *Skip to question 76*
- ◯ No *Skip to question 86*

75. Any further notes relating to shoes

_____

_____

_____

_____

_____

Running

76. How long have you been running?

_____

77. What type of running?

Mark only one oval.

- ◯ Trail
- ◯ Road
- ◯ Other: _____

78. How is your running schedule?

Mark only one oval.

- ◯ Coach
- ◯ Generic program
- ◯ Couch to 5k
- ◯ Do your own thing
- ◯ Other: _____

79. Running volume (miles per week)

If you are injured please enter your pre-injury volume

_____

80. How consistent are you with your training?

Mark only one oval.

- ◯ Very
- ◯ Somewhat
- ◯ Not at all

81. How do you organise your weekly training effort?

Mark only one oval.

- ◯ All runs at about the same effort
- ◯ Mostly easy runs, some with harder sessions
- ◯ Most at moderate high intensity
- ◯ Other: _____

82. Are you training for an event?

Mark only one oval.

- ◯ Yes
- ◯ No

83. If you answered yes above, please specify

_____

_____

_____

_____

_____

84. What are your short-term and long-term running goals?

_____

_____

_____

_____

_____

85. Any further notes related to running

Other Activities

86. Do you do other sports or training?

Mark only one oval.

- Yes
- No

87. If you answered yes above, please specify

88. Do you do any strength training?

Mark only one oval.

- Yes
- No

89. Do you do yoga or pilates?

Mark only one oval.

- ◯ Yes
- ◯ No

90. Do you have regular massages?

Mark only one oval.

- ◯ Yes
- ◯ No

91. Any further notes related to activities

Consent

92. I confirm that it has been explained to me why the photograph or video recording is being taken.

Mark only one oval.

- ◯ Yes
- ◯ No

93. I agree to pictures being taken as part of the clincial examination or treatment.

Mark only one oval.

- ◯ Yes
- ◯ No

94. I agree to the recordings being used for clinical audit purposes.

Mark only one oval.

- ◯ Yes
- ◯ No

95. I agree to the recordings being used for education and training purposes.

Mark only one oval.

- ◯ Yes
- ◯ No

96. I agree to the recordings being used for publication and research purposes.

Mark only one oval.

- ◯ Yes
- ◯ No

97. I am happy for my photograph or video recording to be stored and used as indicated abo

Mark only one oval.

- ◯ Yes
- ◯ No

98. I understand all the questions asked previously in this form and that I have booked for an initial MSK appointment

Check all that apply.

- ☐ Yes

99. Any other notes or questions

What to expect at your appointment

Please bring with you to the initial appointment:

1) Any imaging, reports, correspondence you may have from previous practitioners.
2) Any shoes you wear casually/work or for an activity you participate in.
3) Some lighter trousers (that can be rolled up or shorts) or sportswear, leggings etc

As this is an initial appointment, we need to establish what the problem is and how it has happened. This may take more ti than you think as we like to “walk a mile in your shoes” to work out what it is going on. The leg and foot is a complex struct and sometimes there can be few issues going on rather than just one?

A treatment plan will need to be established aiming towards recovery and resolution of whatever problem you are present with.

That may include follow up treatments with Marco the Robotic laser, shockwave, strapping, fascial manipulation, an exerci plan, pressure gait analysis, video gait analysis or finally an orthotic prescription?

A referral for other diagnostics maybe in order or we might need to see you for a more comprehensive Biomechanical assessment which takes a couple of hours?

Human bodies are absolutely amazing when they go well but so debilitating when they falter! We are looking forward to seeing you in clinic and getting you diagnosed and on the road to recovery.

You're done!

Please press the submit button below.

Thanks for taking the time to fill out this form, it helps us to make sure we do not miss anything important related to your problem.

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