



ADVENTURE REHAB

Putting lives back on track

Client questionnaire

Please send this form back to us as soon as possible.

Title	Name		
Address			
Telephone number		Mobile number	
Email address			
Date of birth			
Do you have any sporting or outdoor interests? <i>If so, please list.</i>			
YOUR NEXT OF KIN <i>(name, address, telephone number)</i>			
YOUR CLINICAL TEAM Your Prosthetist, physiotherapist, doctor <i>(names and contact details)</i>			
If you would like us to report back to other members of your clinical team, please list names and contact details			

YOUR CLINICAL HISTORY

What was the date of your accident, injury or illness?

Briefly describe the nature of your current medical condition

Are you an amputee? *(if yes please explain e.g. level of amputation, traumatic or elective, any complications)*

Are you using any aids? *(e.g. wheelchair, crutches, prosthetics or orthotics, what specifically are they?)*

Do you suffer any daily pain or discomfort? *(If yes please describe what causes it, when and for how long it persists)*

Are there any specific activities in your daily life that you currently find problematic?

Any other relevant information?

Please list your medication *(including the dosage you are currently taking. Include medicines not prescribed by your doctor i.e. bought from a chemist or herbal/complementary medicines)*

YOUR REHABILITATION	
Describe your current rehabilitation regime	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
How are you funding your rehabilitation/treatment? (e.g. insurance claim/self-funding)	
Name of Insurance Company, Case Manager and Solicitor	

Have you received any of the following?
(If yes, please give details of provider and number of session)

Counselling

Cognitive Behaviour Therapy (CBT)

Solution Focused Therapy

Other (e.g. Coaching, Mentoring)

If you received any of the above:

Were your family involved?

How useful were the sessions?

Not at all useful ----- Very useful

1 2 3 4 5 6 7 8 9 10

Please describe your rehabilitation goals?

ADVENTURE REHAB COURSE

How did you hear of us?

Special dietary requirements

CLOTHING

T-shirt/jacket size:

Trouser size:

Shoe size:

Do you have family/carers who wish to be involved with your rehabilitation pathway? *(Please give details)*

Any other information you think might be relevant

Signed _____ Date _____