

## Initial Consultation

Date: \_\_\_\_\_ Full name of practitioner: \_\_\_\_\_

Client name or code: \_\_\_\_\_

(if these data are going to be used in a research study, the client's name should not be recorded on this form – record separately and use a client code)

### Most dominant health complaint:

Choose one or two issues (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.



As good as  
it could be



As bad as  
it could be

Issue 1: \_\_\_\_\_

0 1 2 3 4 5 6

\_\_\_\_\_

Issue 2: \_\_\_\_\_

0 1 2 3 4 5 6

\_\_\_\_\_

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing.

Score how bad it has been in the last week.

Activity: \_\_\_\_\_

0 1 2 3 4 5 6

\_\_\_\_\_

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6

How long have you had issue 1, either all the time or on and off? Please circle:

0 - 4 weeks

4 - 12 weeks

3 months - 1 year

1 - 5 years

over 5 years