



# Back In Action

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Title	Surname			Forename		Initials	Marital status	
Address 1		Address 2		Town/City		County	Postcode	
Home Telephone		Work Telephone		Mobile		Email		
Gender	Date of birth	Height	Weight	Occupation		GP name and surgery		
How did you hear about back in action? If an individual, please name					Medical insurance		Insurance ref.	
<b>For help filling out this next section, see overleaf</b>								
Please estimate the quantities that you:		Smoke, daily:	Drink alcohol, weekly: Units	Drink caffeine, daily: Units	Drink water, daily: ml	Exercise, weekly: Hrs		
Ages of children:		I tend to suffer 1-3 headaches per			Day	Week	Month	Year
Working life is predominantly:		Computer Driving	Other desk Physical	Work ergonomics are:		Bad Good	Poor Pro.	
Prescription medications:					Self medications:		I am allergic to:	
Number of major accidents/falls		Of which I hurt for 3+ days after			of them		Number of broken bones suffered	
On average I drive		miles per week. My car is a			year old		(class/model)	
The driving position is set approximately precisely for myself other								
The head restraint is set as it came for comfort for safety of myself other								
I tend to sleep on my back R side L side front for hours a night								
My sleep pattern is:		disturbed by bladder easily woken		disturbed by pain fitful insomniac		disturbed by partner/baby undisturbed		
My mattress is very soft soft hard very hard memory foam , and is years old								
My hobbies include:		Rugby Gym (CV)	Football Gym (Weights)	Hockey Gardening	Cricket	Martial Arts Dancing	Swimming Pilates	Cycling Yoga Other (Sedentary)
Other (Physical - please specify)								

For smokes daily - please estimate the number of cigarettes, if roll-ups or cigars, please specify

For drinks alcohol - please consider:

1 bottle of wine  $\approx$  10 units

1 large glass  $\approx$  2 units

1 pint of beer/cider  $\approx$  2.5 units

For your information, the recommended maximum is 18, or 24 units per week (female, or male)

For drinks caffeine - please consider:

1 mug instant coffee = 4 units

1 mug proper coffee = 7 units

1 mug tea = 3 units

1 can fizzy drink = 3 units

1 mug hot chocolate = 1 unit

75g bar of chocolate = 4 units

For you information, the maximum recommended during pregnancy is 12 units

For drinks water - please include all liquid intake other than caffeinated or alcoholic

A typical mug or glass  $\approx$  200ml of liquid, a pint  $\approx$  600ml

For your information it is recommended that you drink approximately 30ml of liquid for every kg of body weight

For exercise - please include walking if more than 15 minutes done at a time

Estimate the total in hours