My treatment – What do I want to achieve?

**What is your injury preventing you from doing?**

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| --- |
| **At home:** |
|  |
|  |
| **At work:** |
|  |
|  |

**What would you like to be able to do in \_\_\_ weeks’ time?** (e.g. sport, gardening, walking, work activities)

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**What do we need to do to achieve these goals?** (Complete with your practitioner)

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| --- | --- | --- |
| **Treating practitioner** |  | **Patient** |
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This form is a valuable tool to help your practitioner tailor treatment to your needs. It may be completed by the patient prior to seeing the practitioner, or with the practitioner during the consultation.