## **Jack Cortvriend** Sport & Rehabilitation Physiotherapist

Master of Rehabilitation Sciences and Physiotherapy - specialization : Musculoskeletal Pathologies – Option: Sport Physiotherapy, VUB 2020 Kiteboard Instructor Level - IKO 2020 Credential ID 170607

iack	cortvriend@gmail.cor	n
Jack	contribend wightan.com	11

+32 (0) 479139630

C.Montald laan 85 - BE1200 Sint Lambrechts Woluwe Sint-Stefaansstraat 93/A - BE 1932 Zaventem



NIHDI ( RIZIV / INAMI ): 5-06721-07-517

## VAT (BTW /TVA): BE 0757.631.861

## **Screening Preliminary Questionnaire**

Patient's Name	
Patient's First Name(s)	
Contact details	
Postal address	
(street, number)	
(postal code – municipality)	
Email	
Phone number:	
Invoicing to	Patient (*)
	(third party's name) (*)
	(full address)
	(VAT number if applicable)

Date of Birth								
Gender								
Body length (cm):		Weig	jht (kg) :					
Which Sport(s) do you practice?	Main sports		since year) recreation		COI	mpetition	professional	
	1.							
	2.							
	3.							
	Indicate if more sports practiced	d (Y/N)						
What is (are) your	Musculoskeletal screening (*)							
objective(s) with this screening	Indicate for which sport activity and what level		recreational competition professional			n		
	Assess general musculoskeletal (MSK) condition (MSK-C) as a sports preparticipation check							
	Assess recovery from a previous injury							
	Identify latent or suspected MSK weaknesses as to avoid injuries							
	Identify necessary improvements of MSK-C to avoid injury risks							
	Designing a rehabilitation program to restore full MSK function							
	Performance screening (*)							
	Indicate for which sport activity and what level		and			recreational		
						competition		
						profession	al	

	Functional mover	ment assessment to a	ddress dvsfu	nctional mov	ement pa	tterns		
	Functional movement assessment to address dysfunctional movement patterns  Athletic Ability Assessment to measure performance improvement.							
	Other (explain)							
What is (are) your objective(s) with this screening (continued)								
Which (musculoskeletal) motoric pathologies do	List main pathologies		When or since (year)	therapy program followed (Y/N)		still suffered? (Y/+-/N)		
you have or did you have ?	1.							
	2.							
	3.							
	Indicate if more pat	hologies (Y/N)						
Do you suspect any MSK deficits	strength range of movement		proprioception other		other	r		
Did you suffer any other pathologies or diseases?	Pathology (including injuries)		When or since (year)	therapy program followed (Y/N)		still suffered? (Y/+-/N)		
	1.							
	2.							
	3.							
	Indicate if more pat	hologies				1		

(dated) (signature patient)