

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):		Weight (kg) :			
Which Sport(s) do you practice?	Main sports	since (year)	recreational	competition	professional
	1.				
	2.				
	3.				
	Indicate if more sports practiced (Y/N)				
What is (are) your objective(s) with this screening	Musculoskeletal screening (*)				
	Indicate for which sport activity and what level		recreational		
			competition		
			professional		
	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		recreational		
			competition		
			professional		

(*) delete when applicable

What is (are) your objective(s) with this screening (continued)	Functional movement assessment to address dysfunctional movement patterns				
	Athletic Ability Assessment to measure performance improvement.				
	Other (explain)				
Which (musculoskeletal) motoric pathologies do you have or did you have ?	List main pathologies	When or since (year)	therapy program followed (Y/N)	still suffered? (Y/+/-/N)	
	1.				
	2.				
	3.				
	Indicate if more pathologies (Y/N)				
Do you suspect any MSK deficits	strength	range of movement	proprioception	other	
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 pathologies (Y/N)				

(dated)
(signature patient)