

Subjective Assessment

History of present complaint (what would you like to achieve from today's session / long term, what is your horse's previous history?):

Past medical / behavioural history (what do you know of your horse's history):

Diet (what does your horse eat?):

Allergies (does your horse have any allergies that you know of?):

Neutraceuticals (does your horse have any supplements?):

Medication (is your horse on any medication?):

Does your horse suffer from: headshaking / runny eyes / runny nose / 'mare-ish' behaviour / ear shy / head shy

Does your horse have any concerns with catching / clipping / loading / saddling / rugging / girthing / mounting

Environment (does your horse live in stable or paddock, alone or in company, does he lie down and / or roll right over, describe schooling / hacking areas):

Exercise routine (how often and how long, what discipline, what level are horse and rider, do you have a regular instructor, what arena surface, hilly or flat hacking):

Behaviour (describe your horse's normal behaviour, any recent changes, any problems, any previous help with these issues):

Farrier (name of farrier, type of shoes, frequency shoeing/trimming, when due, any behavioural problems or resistance to being shod / trimmed):

Saddler (name of saddler, type of saddle, when last checked, any problems or changes, type of bit, type of noseband, additional tack such as martingales):

Teeth (name of dentist, last checked, any problems):

Previous physio / chiro / osteo / massage (last visit, name and qualifications of practitioner, any findings and subsequent changes):

Therapist: Sue Palmer MCSP
Owner:

Signed:
Horse:


www.thehorsephysio.co.uk
Date: