

Conservative Treatments Trialled

PLACE PATIENT IDENTIFICATION LABEL HERE

Or fill out necessary fields below

Name:

Gender: Male

DOB (dd/mm/yyyy):

Female

PHN:

Today's Date: / /

D D / M M / Y Y Y Y

Core Treatments						
Treatment Option	Did you trial this treatment?	Approximate length of trial...				Provide specific details or examples of the treatment.
Education						
Group Classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Online Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Exercise & Physical Activity						
Land based physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Water based physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Strength Exercises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	
Weight Management/Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0-3 weeks	<input type="checkbox"/> 3-6 weeks	<input type="checkbox"/> 6-12 weeks	<input type="checkbox"/> More than 12 weeks	

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Adjunct Treatments: Non-Pharmacological						
Supports						
Joint Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Walking aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Adjunct Treatments: Pharmacological						
Non-Prescription Treatments						
Topical NSAIDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Oral NSAIDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Complementary Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Prescription Treatments						
Topical NSAIDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Oral NSAIDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Complementary Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Injectables						
Cortico-steroid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	
Hyaluronic Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0–3 weeks	<input type="checkbox"/> 3–6 weeks	<input type="checkbox"/> 6–12 weeks	<input type="checkbox"/> More than 12 weeks	