

EBIC Log Book

Patient name:

.....

This is for your records only. Please do not share the name of the patient with the research staff

For help, please see www.rcc-org.uk/ebic
or email study@peninsulaclinic.co.uk

What is your EBIC code given to you by the RCC? (If you do not know or you do not have one please email study@peninsulaclinic.co.uk)

.....

What is the code you have assigned your patient? (A number between 1 and 200)

.....

What is your patients gender?

.....

If your patient is pregnant, how many weeks? (A number between 1 and 42)

.....

What is your patient's date of birth?

.....

VISIT 1

1 What is the patient's Primary reason for seeking care?

.....

2 What is the date of this 1st Visit?

3 Duration?

Acute (Less than 6 weeks)

Sub-Acute (More than 6 weeks, Less than 3 months)

Chronic (More than 3 months)

4 Which of the following most closely describes your diagnosis or rationale for care?

Back pain

Radiating Leg pain with or without back pain

Neck pain

Radiating Arm pain with or without neck pain

Mid back pain

Headache

Shoulder or Upper Limb Pain (Go to Q 5)

Hip or Lower Limb pain (Go to Q 6)

Pelvic Pain

Temporomandibular disorder

Non-musculoskeletal

Wellness

(Only answer Q 5 OR 6 if you have ticked Upper or Lower limb pain)

5 Which if these shoulder or upper limb conditions most closely describes your diagnosis or rationale for care?

Adhesive capsulitis

Carpal tunnel syndrome

Shoulder disorders (shoulder girdle pain / dysfunction)

Rotator cuff disorder

Lateral epicondylitis

Other

6 Which of these hip or lower limb conditions most closely describes your diagnosis or rationale for care?

Hip osteoarthritis

Knee osteoarthritis

Foot problems

Patellofemoral pain syndrome

Plantar fasciitis

Other

7 What is the Primary Complaint Intervention?

Dry Needling/Acupuncture

General Exercise

Manipulation

Massage

Mobilization

Specific Exercises

Psychological Approaches

Trigger Point Therapy

Did not treat

X-ray/MRI/US or refer for X-ray/MRI/US

Refer to another Healthcare Practitioner

Pain Education

Other (please specify)

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Sub-Acute (More than 6 weeks, Less than 3 months)

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