



BNC Clinical Entry Criteria Questionnaire Form

Member Name:	
ID No:	
Medical Aid Option	
Membership No:	
Dependent code	
Contact No:	
Email Address:	
Physical Address	

NO	QUESTION	YES	NO
1	Have you been referred and seen by a Physiotherapist/Biokinetics for the pain?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been on pain medication?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the pain radiating (ascertaining neurological fallouts: numbness, weakness, pins, needles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you experienced any pain radiating or decreased sensation to your legs or arms at any time in the last two weeks? (Neurological sign).	<input type="checkbox"/>	<input type="checkbox"/>

Comments:





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EMALAHLENI (WITBANK)
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