Patient Information

Penwarn Osteopathic

Date: _____/_____/_____

First Name: _____ Last Name: _____

Address: _____

Phone: (H)_____ Mobile: _____

Email: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Other_____

Occupation: _____ Activities Involved:_____

Exercise: _____ Level of Exercise: _____

Recreational Activities: _____

GP Name: _____ GP Address: _____

Next of Kin: _____ Relationship: _____

Phone: _____

How did you find out about this practice?

☐ Internet Search ☐ Doctor ☐ Signage ☐ Our Website ☐ Other

☐ Friend/Relative: _____ ☐ Other: _____

IMPORTANT INFORMATION ABOUT YOUR APPOINTMENT

Recovery

Remember that healing and recovery takes time and not everyone heals/recovers at the same rate. If at any time during your care, you do not feel that you are responding as well as expected we would ask that you discuss this with your Osteopath. We want you to get the most from your care and open, honest communication helps us achieve that.

Appointment Scheduling

Your Osteopath will outline a recommended action plan as the best plan for your injury. You will achieve the maximum results when you keep your recommended action plan to this schedule. Therefore, to receive the most out of your care and to save time we ask that you schedule your appointments in advance.

Missed Appointments

Missed appointments will set you back in your recovery, so we ask that wherever possible you keep all your appointments. If an appointment must be changed, 24 hours notice is appreciated so we can offer the appointment to someone on our waitlist. If an appointment is missed or less than 24 hours notice is given for a cancellation, a cancellation fee of the full appointment cost will be charged. Consideration will be given for unavoidable circumstances. This fee is not covered by compensable bodies and must be paid by the patient. People who repeatedly miss appointments will regretfully be discharged from care as we realise you will not reach your health goals and we do not wish to waste your time.

Fees and Your Account

Fees for private, NDIS and Workcover patients are due at the time of service. HICAPS and EFTPOS facilities are available for automatic claiming through your private health fund. EPC patient accounts will be sent directly to the appropriate body, however, any gap must be paid on the day of service.

Your Privacy

The information you provide is not passed on to any other individual, business or organisation without your consent. Our privacy policy is displayed in our waiting room.

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15 Harris Road, Underwood Qld 4119 Ph: 07 38784819
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Confidential Patient History

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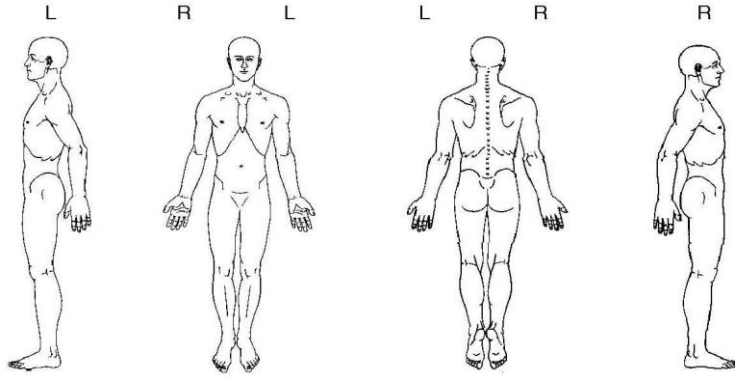
First Name:_____ Last Name:_____

What is your major problem: _____

Draw on the sketches below the area(s) you feel your problem to be:



How long have you had this problem: _____

Have you had this or a similar problem in the past: _____

If you are experiencing pain, which words best describe the pain:

☐ Constant ☐ Intensity varies ☐ Sharp ☐ Travels ☐ Aches

☐ Comes and goes ☐ Intensity doesn't vary ☐ Shooting ☐ Radiates

Please indicate the level of pain you are experiencing:

☐ 1 ☐ 2 ☐ 3	☐ 4 ☐ 5	☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10
No/little pain	Some discomfort	Very painful	Extreme Pain

Do you experience? ☐ Pins and needles ☐ Tingling ☐ Numbness ☐ Weakness

Since the problem started is it: ☐ About the same ☐ Getting worse ☐ Getting better

What makes it worse? ☐ Sitting ☐ Walking ☐ Standing from a chair ☐ Other:

Interferes with: ☐ Work ☐ Sleep ☐ Hobbies ☐ Leisure

Do you sleep on your front? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Other professionals seen for this problem: ☐ Medical Doctor:_____ ☐ Surgeon/Specialist:_____ ☐ Chiropractor ☐ Physiotherapist ☐ Osteopath

List any medications/supplements you are taking: _____

_____

Are you taking blood thinners eg: asprin/warfarin: ☐ Yes ☐ No _____

Have you ever taken oral cortisone or prednisone (including asthma medications such as Pulmicort, Symbicort, Flixotide and Seretide)? ☐ Yes ☐ No

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Do you have or have you ever had?

☐ Heart disease	☐ Headaches/Migraine	☐ Dental surgery
☐ Heart attack	☐ Asthma/Bronchitis	☐ Osteoporosis
☐ Other heart problems	☐ Other breathing issues	☐ Spinal trauma
☐ Chest Pain	☐ Osteoarthritis	☐ Bone fracture
☐ High blood pressure	☐ Inflammatory arthritis	☐ Spinal surgery
☐ Stroke/TIA	☐ Epilepsy	☐ Dislocations
☐ Pacemaker	☐ Chronic Fatigue Syndrome	☐ Ligament injuries
☐ Aneurysm	☐ HIV/Aids	☐ Cartilage injuries
☐ Thrombosis/Clots	☐ Bowel problems	☐ Dizziness/Nausea/Fainting
☐ Liver disease/Hepatitis	☐ Urinary infections	☐ Incontinence
☐ Cancer	☐ Vegetarian diet	☐ Diabetes

Any family history of the above or other conditions? ☐ Yes (list below) ☐ No

_____

Any other medical conditions or surgeries (including dates)?

_____

Have you had any serious injuries or accidents? ☐ Yes (list below with dates) ☐ No

_____

Do you have tests/scans/x-rays of current or past problems? ☐ Yes ☐ No

Any other comments about your health? _____

ANSWER IF APPLICABLE (others sign and date below)

Do you have painful periods? ☐ Yes ☐ No At what age did they start being painful?_____

Do you take the pill? ☐ Yes ☐ No

Have you had pelvis trauma? Ie falls, termination, surgery, D&C etc ☐ Yes ☐ No

If Yes briefly describe: _____

Are you pregnant? ☐ No ☐ Yes, number of weeks: _____

Due date? _____ Number of pregnancies?_____ Number of children? _____

Have you had? ☐ Caesarean ☐ Episiotomy ☐ Epidural ☐ Tearing

Was labour long and difficult?	☐ Yes	☐ No	Fertility issues?	☐ Yes	☐ No
Previous pregnancy problems?	☐ Yes	☐ No	Been through menopause?	☐ Yes	☐ No
Difficult post-natal period?	☐ Yes	☐ No	Do you take HRT?	☐ Yes	☐ No

Patient Signature: _____ Print Name:_____

Date: _____/_____/_____

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Informed Consent

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Osteopathic treatment is generally an effective and safe form of treatment however, like any treatment, there are benefits and risks. The purpose of this form is to let you know what your rights are and how we address the issue of a collaborative decision making and informed consent between Osteopath and patient.

Osteopaths in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

Questions of a Personal Nature

Your Osteopath may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the Osteopath can provide effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the Osteopath know and they will cease.

Physical Contact

During the examination, assessment and treatment it may be necessary for your Osteopath to make physical contact. Your Osteopath will ask your permission before making physical contact with you in any way. Physical contact requires your express consent. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your Osteopath if you feel uncomfortable at any time.

Risk Related to Treatment

As with all forms of treatment, there are risks and benefits. The Osteopath will discuss any foreseeable risks with you prior to administering treatment. In some cases, the Osteopath may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time even if you have previously signed a consent form.

Children and Minors

Consent from a custodial parent is required to treat a minor. Children under the age of 18 will not be treated unless a parent is in the room.

Substituted Consent

Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorized to provide such consent. Evidence of legal authorization is required in such circumstances.

You Need to Let Us Know

The risk related to some treatments can increase if the Osteopath is not aware of certain facts. Please inform the Osteopath if you:

- Have a pacemaker or heart condition
- Have Diabetes
- Suffer from blood clots, thrombosis or stroke
- Are currently taking medication

I _____ [full name] have read and understood the above statements relating to consent for treatment. I offer my consent to receive treatment within the practice. I agree to this consent remaining valid until such time as I withdraw my consent.

Signed: _____ Date: ___ ___ / ___ ___ / ___ ___

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