

# CHILDREN'S QUESTIONNAIRE

For 3-4 years old up to 16 years old

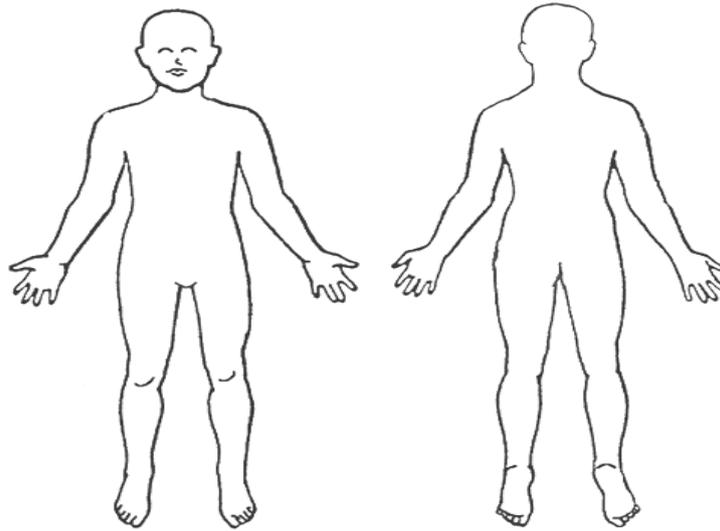
Before you bring your child to see us it would be most helpful if you would complete the following questionnaire and bring it with you to your first appointment. This will enable us to make the best use of the time available, as well as enabling us to avoid subjects that you may not wish discussed in front of your child.

The information which you provide in this form, and any other relevant information obtained during the course of treatment is on a strictly confidential basis.

This information will be used solely for the purposes of providing osteopathic and/or any related treatment. We will not disclose any personal information we hold about you outside the practice without your explicit consent, except to the extent we are required or permitted by law.

<b>Full Name</b>	<b>Miss/ Master</b>
<b>Address</b>	Post Code
<b>Telephone</b>	<b>Home</b> <b>Work</b> (parent/legal guardian) <b>Mobile</b> (parent/legal guardian)
<b>Email</b>	<b>Email address</b> if you would like to receive information about the practice
<b>Date of Birth</b>	
<b>Height</b>	
<b>Weight</b>	
<b>Doctor's Name</b>	
<b>Doctor's Address</b>	
<b>Doctor's Telephone.</b>	
<b>How did you find out about us?</b>	

**Draw or shade in the areas of symptoms and note down any relevant history and dates below.**



**PAIN SCALE**

**No Pain**  
0%

50%

**Excruciating**

100%

<p><b>What is the main problem? What are the symptoms?</b></p>	
<p><b>When did this problem start?</b></p>	
<p><b>How did this problem start?</b></p>	
<p><b>Did the problem come on immediately or did it develop over a period of hours or days?</b></p>	
<p><b>Are there any other symptoms associated with this onset?</b> Nausea, vomiting, diarrhoea, coughing, dizziness, abdominal pain etc.</p>	
<p><b>What medication was taken/prescribed? Did it help?</b></p>	
<p><b>Please give a brief history of the problem.</b> Give details of any examinations, tests or treatment, giving dates where possible.</p>	

<p><b>Were any X Rays or scans taken?</b> What were the results? Give dates if you can.</p>	
<p><b>What makes the pain/condition better?</b></p>	
<p><b>What makes the pain/condition worse?</b></p>	
<p><b>Please give any other details that you think are important or relevant.</b></p>	
<p><b>Osteopath's Notes</b></p>	
<p><b>MEDICAL HISTORY</b></p>	
<p><b>Were there any problems with the mother's pregnancy or the child's birth that could be relevant to this condition?</b></p>	
<p><b>Any serious illness in the past?</b></p>	
<p><b>Any accidents or broken bones?</b> Car accidents, whiplash injuries, anything requiring hospital treatment.</p>	
<p><b>Any operations?</b> Tonsils, appendix or birth marks, <b>anything</b> requiring an anaesthetic.</p>	
<p><b>Any medication?</b> Inhalers, creams, ointments, homeopathic or herbal medicine, vitamins and minerals. <b>Any and all pills, capsules, creams or lotions for whatever reason.</b></p>	
<p><b>Do any of the family (parents, siblings, grandparents) have any of the following?</b> TB, epilepsy, asthma, eczema, hay fever, heart/circulation problems, cancer, diabetes, glaucoma.</p>	
<p><b>Any allergies?</b> Drugs, food, pollen, stings, etc.</p>	
<p><b>Osteopath's notes</b></p>	

**What is an average day's diet?**

Vegetarian, vegan, wheat or dairy free? Any allergies or food intolerances?

**Please give examples of an average day?**

**Breakfast:**

**Lunch:**

**Dinner/Supper:**

**Snacks:**

**Fluid intake in a day? Tea, coffee, fruit juices, squashes, fizzy drinks, water.**

**Any indigestion or stomach problems?** Give details of any investigations and treatments with dates if possible.

**Any bowel problems?** Give details of any investigations and treatments with dates if possible.

**Any urinary problems?** Give details of any investigations and treatments with dates if possible.

**Any heart or circulation problems?**

**Any nasal, sinus, chest or lung problems?** Bronchitis, asthma, catarrh, breathing problems, etc.

**Any fainting fits, black outs, giddiness or dizziness?**  
Give details of when they occurred and any medical tests.

**Any skin problems?** Give details of any medication used.

**Any hearing problems?** Give details of any investigations or treatments with approximate dates.

**Any visual problems?** Give details of any investigations or treatments with approximate dates.

**Any problems sleeping?**

**Any sports or hobbies?**  
Give details of how often and to what level.

**For females: If periods have started please give brief details.**

How long does the period last? ..... days. How long in between periods? .....days/weeks

**The Data Protection Act** ('The Act') lays down certain requirements for the protection against unauthorised disclosures of personal information. The Act also gives you certain rights. The information which you give in this form, and any other information obtained during the course of your treatment, is on a strictly confidential basis. This information will be used solely for the purposes of providing osteopathic and/or any related treatment. We will not disclose any personal information which we hold about you outside this practice without your explicit consent, except to the extent we are required or permitted by law.

**Data Protection Policy** Jane O'Connor & Associates uses a database to hold certain information from the patient questionnaire. This information is entered into a database and so technically stored. The Form requires Opt-In Consent to add you to our mailing and text messaging lists.

- We will never give/sell or rent this data onto a third party.
- We may add your email address to our Jane O'Connor & Associates mailing list and your mobile telephone number to our Text Local appointment reminder list.
- Who has access to your personal data: Jane O'Connor & Associates, Text Local.
  - Website. We use Google Analytics on this site.
- You can lodge a data subject access request: You can email us at any time to remove your personal data from our systems. [joconnor.osteopath@virgin.net](mailto:joconnor.osteopath@virgin.net)
- How long will we hold your personal data:
  - We are required to retain adult patient notes for eight years following the last appointment
  - We are required to retain infant and child notes until that child reaches 25 years of age.
  -

**GDPR Consent consent**

**Tick box for**

*I consent for The Osteopathic Practice to store my personal data.*

**Email Consent**

*I consent to be added to The Osteopathic Practice Mailing List.*

**Mobile Phone Number Consent**

*I consent to be added to The Osteopathic Practice (Text Local) to receive appointment reminders*

**Signed**

(If the patient is a child, the signature of the parent or legal guardian)

**Print name**

**Date**

**Before you embark upon a course of treatment with us, we need to inform you of any possible adverse side effects you might sustain from your treatment here.**

**Whilst such adverse effects are rare, we nevertheless need to request that you sign this document to indicate that you have been duly informed of any possible side effects of the therapies you may receive at this practice.**

**We have included all the therapies you can receive within this document to reduce repetition and avoid multiple consent forms.**

**You can give consent for just one therapy or for multiple therapies if you wish.**

**Parents or guardians of babies/children having Cranial Osteopathy need only read the Cranial Osteopathy section, tick the Cranial Osteopathy box and delete the others.**

Whilst every attempt is made to ensure your comfort and safety, certain specific techniques may be uncomfortable and may, in some individuals, cause temporary adverse reactions.

## **Osteopathy**

Consists of a combination of massage and manual manipulation to relieve a variety of musculo-skeletal problems.

- In patients who bruise easily (or who are currently taking medication such as steroids or Warfarin), certain massage techniques may leave some temporary bruising.
- After the first consultation, which will include a detailed physical examination, a few patients might feel an increase in symptoms due to the unaccustomed movements and actions needed to examine the spine or limb. This can last 24-48 hours and should settle with time.
- Some patients who have low blood pressure or circulation problems might experience light-headedness following a treatment; this is temporary and should settle within a few minutes/hours.
- It is not uncommon for patients to report feelings of tiredness after a treatment. We therefore advise that you avoid driving long distances or operating machinery if this occurs.
- Following some manipulations, particularly if the problem is well established or very acute, there might be a local reaction to treatment. This may last 24-48 hours, but if it does last longer, please contact the practice.

## **Medical Acupuncture**

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body to reduce pain and muscle spasm.

Acupuncture is generally very safe. Serious side effects are very rare – less than one per 10,000 treatments.

- Drowsiness can occur after treatment in a small number of patients and, if affected, you are advised not to drive.
- Minor bleeding or bruising can occur after acupuncture (in about 3% of treatments).
- Pain during treatment can occur (in about 1% of treatments).
- Existing symptoms can get worse after treatment (in less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.
- Fainting can occur in certain patients, particularly at the first treatment.

**Single-use, sterile, disposable needles are always used in this practice.**

**If you are a blood donor you will need a certificate from the practice to present at your next donor session.**

## **Cranial Osteopathy**

Cranial Osteopathy is a gentle balancing technique that is commonly used on infants and small children. Because of its gentle nature, there are very few side effects with Cranial Osteopathy

- Some babies may become either, sleepy or excited after a cranial treatment. This can last from a few hours up to a day.

## Electrotherapy

### Low-Level Laser Therapy (LLLT)

Low Level Laser Therapy (LLLT) reduces pain and inflammation whilst promoting repair. It can treat conditions such as osteoarthritis, sprains and strains, sports injuries, shingles, neuralgias, wounds and leg ulcers, back and neck pain.

LLLT can be safely used over metal pins, plates and in patients with pacemakers.

It cannot be used directly over a pregnant uterus, although it can safely be used over other areas of the body in a pregnant mother.

- There are normally no adverse effects from LLLT, however, occasionally, mild aching can occur after treatment. This is due to a stimulation of the local inflammation/healing process and should settle down after 24 – 48 hours.

### Ultrasound

Uses ultra high frequencies of sound waves to 'micro-vibrate' soft tissues, to relax them and encourage healing. In some ways it can be thought of as a stronger version of the ultrasound machines that scan a pregnant uterus.

Ultrasound cannot be used over metal pins, plates, directly over a pacemaker or a pregnant uterus, although it can be used on other parts of the body in these cases.

- There have been some minor cases of physical pain due to "cavitation." Described as a burning feeling, cavitation is caused by the heating of the gas contained in tissue cell nuclei. This can result, temporarily, in difficulty breathing, dizziness, nausea and disorientation – although incidents of this nature are extremely rare.

### Interferential

Uses electrical frequencies to stimulate peripheral nerves to either reduce pain and swelling, or stimulate blood supply and muscle contraction. It works in a similar way to a TENS machine.

It cannot be used on patients with pacemakers or over a pregnant uterus.

- There are very few known side effects with interferential, although the vacuum cups that hold the pads in place may cause superficial bruising in patients who are on blood thinning medication or steroids.
- There have been some reported cases of 'neuralgia-type' pains being temporarily worsened by interferential.

**I have read the above and understand that, occasionally, there may be some unavoidable and temporary side effects resulting from my (my baby's/child's) treatment at The Osteopathic Practice. I understand that signing this form does not affect my statutory rights.**

**I consent to the following treatments.** Please tick the therapies to which you consent.

(If you are unsure which therapies to tick, please leave the box blank and discuss this with your Osteopath.)

**Osteopathy**

**Cranial Osteopathy**

(If your baby/child is having Cranial Osteopathy, please delete the other therapies.)

**Medical Acupuncture**

**Electrotherapy**

**Signed** \_\_\_\_\_

(If the patient is a child, the parent or legal guardian must sign)

**Date** \_\_\_\_\_