

# New Patient Questionnaire

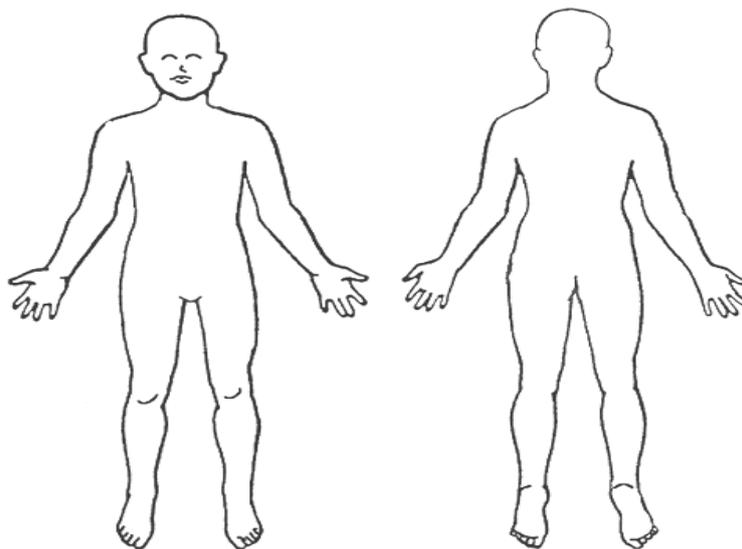
Please complete this form in as much detail as you can. This will not only help your osteopath understand your total state of health, but can help us discover any medical conditions which may need referral to your doctor before you embark on a course of osteopathic treatment.

**Your osteopath retains the right to refuse treatment if this form is not completed.**

<b>Full Name</b>	Mr/Mrs/Miss/Ms/ other (please state) _____ First names _____ Surname _____
<b>Address</b>	Post Code _____
<b>Telephone</b>	Home _____ Work _____ Mobile _____
<b>Email</b>	Please give your email address if you would like to receive information about the practice
<b>Date of Birth</b>	
<b>Height</b>	
<b>Weight</b>	
<b>Occupation</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>	

The information that you provide on this form (and any other information obtained during the course of your treatment) is done so 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 that we hold about you outside this practice without your explicit consent, except to the extent we are required or permitted by law.

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



**PAIN SCALE**

No Pain

0%

50%

Excruciating Pain

100%

<p><b>Do you have any pins and needles, numbness, loss of sensation or weakness?</b></p>	
<p><b>When did this problem start?</b></p>	
<p><b>How did this problem start?</b></p>	
<p><b>Did the pain come on immediately or did it develop over a period of hours or days?</b></p>	
<p><b>Did you have any other symptoms associated with this onset?</b> Nausea, vomiting, diarrhoea, cough, dizziness, abdominal pain, loss of bladder or bowel control, etc.</p>	
<p><b>What did you take/do to relieve the pain? Did it help?</b></p>	
<p><b>Please give a brief history of the problem.</b> If you have already seen a doctor, specialist or therapist for this condition, give details of any examinations, tests or treatment you have had, giving dates where possible.</p>	

<p><b>Did you have any X Rays or scans?</b> What were the results? Give dates if you can.</p>	
<p><b>What sort of movements or actions make the pain feel better?</b></p>	
<p><b>What sort of movements or actions make the pain feel 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>Have you had any serious illness in the past?</b> Asthma, diabetes, migraine, rheumatic fever, any illness requiring hospitalisation.</p>	
<p><b>Have you had any accidents or broken bones?</b> Car accidents, whiplash injuries, anything requiring hospital treatment – even in childhood.</p>	
<p><b>Have you had any operations?</b> Tonsils, appendix, gall bladder, hysterectomy, dental surgery, moles or birth marks, <b>anything</b> requiring an anaesthetic.</p>	
<p><b>Are you on any medication?</b> Sleeping tablets, contraceptive pill, inhalers, creams, ointments, homeopathic or herbal medicine, vitamins and minerals. <b>Any and all pills, capsules, creams or lotions that you may be using for whatever reason.</b></p>	
<p><b>Do any of your family (parents, grandparents or children) have any of the following?</b> TB, epilepsy, asthma, eczema, hay fever, heart/circulation problems, cancer, diabetes, glaucoma.</p>	
<p><b>Are you allergic to anything?</b> Drugs, food, pollen, stings, etc.</p>	

## DIETS AND SOCIAL HABITS

### What do you eat in an average day?

Are you a vegetarian, vegan, wheat or dairy free? Are you allergic or intolerant to any foods?

Please give examples of an average day?

**Breakfast:**

**Lunch:**

**Dinner/Supper:**

**Snacks:**

### How many cups of tea and/or coffee do you drink in a day?

Give details of milk and sugar.

**Tea:**

**Coffee:**

**Other** (Fruit juices, squashes, herb teas, water, etc):

#### Do you get thirsty a lot?

If yes, have you ever been tested for diabetes?

#### How much alcohol do you drink in an average week?

Number of glasses of beer, wine or spirits

#### Do you smoke?

Give details of number of cigarettes, cigars, ounces of tobacco per day.

#### Have you ever smoked? If yes, when did you give up?

#### Is your job or home life particularly stressful at the moment?

If yes, do you wish to discuss this at your appointment?

### Osteopath's Notes

## GASTROINTESTINAL HISTORY

#### Do you have any indigestion or stomach problems?

Give details of any investigations and treatments with dates if possible.

#### Do you open your bowels regularly? Tick where appropriate.

More than once a day / Once a day / Every other day / Every 2 days / Every ..... Days

#### Do you use a laxative?

If yes, which make, how many and how often?

#### Have you noticed any change in your bowel or urinary habit recently?

Constipation, diarrhoea, blood and/or pain on passing stool.

## URINARY HISTORY

**How often do you pass water every day?** Tick where appropriate

1-3 times / 4-6 times / 7-9 times / 10-12 times / 13-15 times / more .....

**Do you have to get up to go to the lavatory at night?** Tick where appropriate

Never / Rarely / Occasionally / Once / 2-3 times / 4-5 times / more .....

**Do you have any bladder, kidney or other urinary problems?**

Cystitis, incontinence, urgency, leaking.

Give details of any investigations and treatments you have had including approximate dates.

**Osteopath's Notes**

**Male** patients answer the following **3** questions

**Have you noticed any change in urinary habit recently?**

Difficulty stopping or starting, flow rate, blood in urine, increase in frequency.

**Have you ever had a prostate examination?**

If yes, give reason for the tests and the results, including approximate dates.

**Have you ever noticed any pain or swelling in the testicles?**

If yes, did you seek medical advice? What were the results of the tests? Please give approximate dates.

**If you have any swellings or lumps in the testicles, even if they are painless, you should consult your GP**

## CARDIOVASCULAR AND RESPIRATORY HISTORY

**Do you have any heart or circulation problems?**

Angina, palpitations, chest pains in cold or windy weather or on exertion, shortness of breath, varicose veins, thrombosis, high blood pressure.

**When was the last time you had your blood pressure taken?**

Do you know what it was?

**Do you have any nasal, sinus, chest or lung problems?**

Bronchitis, asthma, catarrh, breathing problems, etc.

## GENERAL MEDICAL HISTORY

<p><b>Have you had any fainting fits, black outs, giddiness or dizziness?</b> Give details of when they occurred and any medical tests you have had.</p>	
<p><b>Do you have any skin problems?</b> Are you using any medication? Give details.</p>	
<p><b>Do you have any tinnitus (Ringing in the ears), deafness or other hearing problems?</b> Give details of any investigations or treatments with approximate dates.</p>	
<p><b>Do you have any loss or blurring of vision?</b> Give details of any investigations or treatments with approximate dates.</p>	
<p><b>Do you have any sleeping problems?</b> Give details of any investigations or treatments with approximate dates.</p>	
<p><b>Do you ever get 'Night Sweats'?</b> Give details of any investigations or treatments with approximate dates.</p>	
<p><b>Do you do any sports or hobbies?</b> Give details of how often and to what level.</p>	

**Female** patients answer the following **8** questions

## GYNAECOLOGICAL HISTORY

<p><b>Do you have periods?</b> If yes, what are they like?</p>	<p>How long does your period last? ..... days. How long in between periods? .....days/weeks</p>
<p><b>Do you have a coil fitted?</b></p>	
<p><b>Have you had a mammogram?</b> If yes, how long ago? What were the results?</p>	
<p><b>When was your last cervical smear test?</b></p>	

**Do you have any children?**

If yes, give birth weights and any problems that there may have been with the pregnancies or births, eg: caesarean, ventouse, forceps, etc.

Male/Female	Birth Weight	Problems with labour / birth	Age now

**If you are post menopausal, how old were you when your periods finished?**

**Are you currently taking, or have you ever taken any Hormone Replacement Therapy?**

Please give the name of the HRT and how long you had, or have been taking it.

**If you are post menopausal, have you had a bone density scan (DXA scan or Ultra Sound scan)?**

If yes, when was it and what were the results?

Has anyone in your family been diagnosed with osteoporosis?

Have you ever taken oral steroids, omeprazole, anticonvulsants or diuretics for any length of time?

## **MALE & FEMALE** patients to answer the following questions

**Do you have, or have you had, any illnesses or problems that have not been covered by this questionnaire?**

**Do you have any questions or anxieties about osteopathic treatment that you would like discussed at your consultation?**

**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. In order that we may use your personal information for the purposes of providing osteopathic and/or any relevant treatment, we are obliged to obtain your written consent.

**Accordingly, we would be obliged if you would sign the consent section below.**

**I consent to the use of my personal information for the purposes set out above.  
I also confirm that the information I have provided in this form and during the course of my treatment is, to the best of my knowledge, accurate and complete.**

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If the patient is a child, then the signature of their parent or legal guardian)

If you **DO NOT** consent to your doctor being informed that, you are receiving osteopathic treatment please mark an **X** in the box.

Thank you

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.
- Nausea may occur with certain acupuncture points at the first treatment, this may last for several minutes.
- 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.)

- |   |                          |
|---|--------------------------|
| <b>Osteopathy</b>   | <input type="checkbox"/> |
| <b>Cranial Osteopathy</b>   | <input type="checkbox"/> |
| (If your baby/child is having Cranial Osteopathy, please delete the other therapies.) |                          |
| <b>Medical Acupuncture</b>  | <input type="checkbox"/> |
| <b>Electrotherapy</b>   | <input type="checkbox"/> |

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

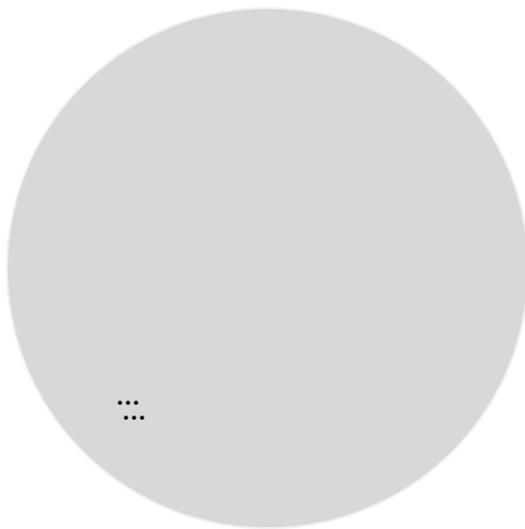
Date \_\_\_\_\_

**If you are attending for neck or headaches, you must read and sign this before your Osteopath can treatment you.**

There have been a few occasions, following manipulation of the neck, where stroke-like symptoms and, ***in extremely rare cases***, severe injury or death has resulted.

If the vertebral artery has already been damaged (**Vertebral Artery Dissection** or **VAD**) by a previous injury or, if it already has some inherited weakness, it can be at risk as it winds around the atlas (the top cervical vertebra, located just below the head).

**To put this into context, this graph represents the current figures for absolute risk of a serious adverse event following a high neck manipulation.**



**The grey circle represents 100,000 people and the 6 black dots represent the number of cases of risk per 100,000**

(Figures taken from Boyle E, Cote P, Grier A. R. Examining vertebrobasilar artery stroke in two Canadian provinces. *J Manipulative Physiol. Therapy* 2009; 32:S194-200)

In these cases, the artery may be stretched, or tear a previously weakened lining (this causes sudden, extremely severe 'thunderclap' headaches or neck pain). If this occurs, a thrombus (small blood clot) can then form in the injured artery wall, which may lead to a stroke or T.I.A.

Occasionally, a milder and temporary reaction, called a *transient neurological adverse event* can occur. It is important to note that these events can also occur in the population at large who have **never had** manipulation.

There are 194 events per 1000 people who have manipulation

There are 99 events per 1000 people who have **never had any** manipulation

(Figures taken from Carlesso L.C., Gross A.R., Santaguida P.L., et al. Adverse events associated with the use of cervical manipulation and mobilisation for the treatment of neck pain in adults: a systemic review. *Manual Therapy* 2010; 15(5): 434-444)

**These activities have also been known to cause a TIA or stroke.**

Ceiling painting  
Nose blowing  
Sneezing  
Coughing

Judo  
Tennis  
Minor neck trauma  
Yoga

Visit to the hairdressers  
Reversing the car

**Certain medical factors can increase your chances of damaging the vertebral artery:**

High blood pressure  
More common in females  
Oral contraceptive use

Chronic headaches  
Vascular pathology  
Migraine

Smoking  
Anticoagulants

Before undergoing your treatment, please look through the list below and tick the appropriate box  
if you have developed any of these symptoms recently or associate them with your neck pain or headache.

- Sudden onset "Thunderclap" head or neck pain. (Severe pain, unlike anything you have experienced before)
- 'Drop attacks', black outs, loss of consciousness
- Nausea, vomiting
- Dizziness, vertigo (associated with position of the head)
- Unsteady gait or feeling of weakness
- Tingling or numbness around the mouth
- Altered facial sensation
- Difficulty speaking or forming words
- Difficulty swallowing
- Tinnitus (ringing in the ears) or deafness

Have you recently been prescribed or are you currently taking any of the following?

- Anticoagulants  
Eg: Warfarin
- Oral contraceptives
- Oral steroids  
Eg: Prednisilone

Have you recently recovered from any of the following?

- Heart attack, stroke or TIA (transient ischaemic attack)

If you are not sure about any of these questions, please speak to your osteopath.

I have read this leaflet on the risk factors associated with cervical (neck) manipulation, and understand that there is a small (0.6 in 1,000,000) chance of vertebral artery injury following high cervical (upper neck) 'High Velocity, Low Amplitude' techniques.

Please tick the appropriate box to indicate your wishes regarding treatment:

- I agree** to have cervical (neck) 'High Velocity Low Amplitude' manipulative techniques if my course of treatment at The Osteopathic Practice requires it.  
I have read the above and have had my questions regarding the potential risks answered to my satisfaction.
- I do not agree** to have cervical (neck) 'High Velocity Low Amplitude' manipulative techniques and wish to discuss possible alternatives to this treatment.  
I understand that this may require more treatments or more frequent treatments if 'High Velocity Low Amplitude' techniques are not used.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_