NovoTHOR Questionnaire

If you are using the NovoTHOR® to help with pain or a medical, muscle or joint condition, please fill in the form below.

If you have no medical problems and wish to use the NovoTHOR to enhance training or general fitness, please indicate in the box provided.

Please add medical information if you have had any serious illnesses or operations in the past.

Full Name	Mr/Mrs/Miss/Ms/ other (please state) _____ First names _____ Surname _____
Address	Post Code
Telephone	
Email	
Date of Birth	
Height & Weight	
Occupation	
Doctor's Name	
Doctor's Address and telephone number	

NovoTHOR for fitness/training only.

I have no ongoing medical conditions and wish to use the NovoTHOR purely for fitness and training purposes.
I am not pregnant and have not been diagnosed with active cancer, nor am I undergoing radiotherapy or chemotherapy.

Signed: _____ **Date:** _____

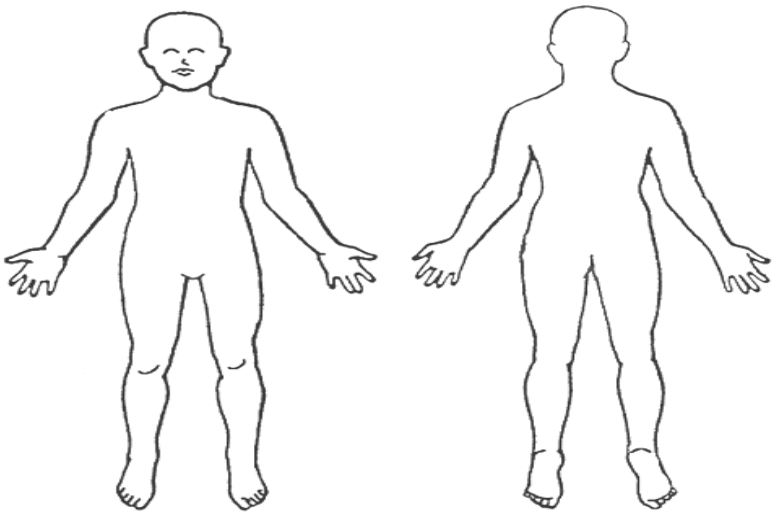
Please fill in the medical questionnaire answering NO or (N/A) in the answer boxes if you have no pain or problems. Any medical information you can give will be helpful.

If you wish to use the **NovoTHOR** for a medical condition or any muscle or joint problems it is advised that you see the Osteopath first, for a full medical history and examination, but if you wish to just have **NovoTHOR**, please fill in the form below.

The Osteopathic Practice reserves the right to refuse **NovoTHOR** treatment if it is deemed that you need appropriate medical assessment or treatment for your own health and safety.

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

RIGHT



RIGHT

What is your problem/condition?	
Do you have any other symptoms associated with the problem? • Nausea, vomiting, diarrhoea • Cough, dizziness, abdominal pain • Loss of bladder or bowel control • P&Ns, numbness, etc.	
Please give a brief history of the problem. • When did it start? • What have you tried for the pain? • Did it help? • What makes it better or worse? • Have you already seen a doctor, specialist or therapist for this condition? • What tests did you have? • What was the diagnosis? • What treatment have you had to date? • Did it help? • Are you still waiting to see someone or have any tests or scan?	
Please give any other details that you think are important or relevant.	

Medical History

	YES	NO
Have you had any problems with your eyes? Eg: Glaucoma, macular degeneration		
Give details:		
Have you had any problems with your lungs or respiration? Eg: asthma, COPD		
Give details:		
Have you had any problems with your heart or circulatory system? Eg: heart attack, angina stroke		
Give details:		
Have you had any problems with your stomach or digestive system? Eg: Coeliac's, Crohn's, Colitis.		
Give details:		
Have you had any problems with your kidneys or bladder? (Males, please include any prostate/testicular problems)		
Give details:		
Do you have gynaecological or period problems		
Give details:		
Have you had any problems with your joints or muscles? Eg: arthritis, rheumatoid arthritis, artificial joints etc.		
Give details, if not included previously:		
Have you had any problems with your nervous system? Eg: neuropathies, epilepsy, M.S.		
Give details:		
Have you had any problems with your thyroid?		
Give details:		
Do you have diabetes?		
Give details:		
Have you had any problems with your skin? Eg: eczema, psoriasis, skin cancers.		
Give details:		
Do you have Chronic Fatigue Syndrome/M.E., Long Covid, Fibromyalgia?		
Give details:		
Are you allergic to anything?		
Give details:		
Do you drink alcohol?		
Give details:		
Do you smoke?		
How many cigarettes/cigars/rollups a day? If you no longer smoke, when did you give up?		
Any family history of any significant medical conditions? Eg: heart problems, strokes, cancer, osteoporosis.		
Give details:		
Are you on any medication (including vitamins or natural remedies)?		
Please list them here:		
Are you claustrophobic? (This may prevent you being able to lie in the NovoTHOR)		
There are two major contraindications that will prevent you from using NovoTHOR 1. **Are you or, could you possibly be, pregnant?** 2. **Have you been diagnosed with an active cancer, or are you receiving radiotherapy or chemotherapy for cancer?**		
If you answer YES to either of these, you **CANNOT** have Novo**THOR** treatment. You may be able to have local, hand held Red Light Therapy if the area to be treated is not over a pregnant uterus or over the site of the cancer. ***If you are not sure, please speak to the Osteopath.***		

Side Effects of NovoTHOR

NovoTHOR Whole-Body Red Light Therapy including Low-Level Laser Therapy (LLLT)

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

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

NovoTHOR is contraindicated during pregnancy and while having chemotherapy or if diagnosed with an active cancer.

- There are normally no adverse effects from Red Light Therapy, 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.
- Some patients may experience tiredness after NovoTHOR.

If you're unsure about any of the information here, please ask the Osteopath to go through it with you.

I have read the above and understand that, occasionally, there may be some unavoidable and temporary side effects resulting from my NovoTHOR treatment.
I understand that signing this form does not affect my statutory rights.

I consent to NovoTHOR Whole-Body Red Light Therapy

Signed _____ **Date** _____

Data Protection GDRP

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 The Osteopathic Practice mailing list and your mobile telephone number to our Text Local appointment reminder list.
- Who has access to your personal data: The Osteopathic Practice and 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**
- **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 **Tick box for consent**

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 _____ **Date** _____