

Sports Massage New Patient Questionnaire

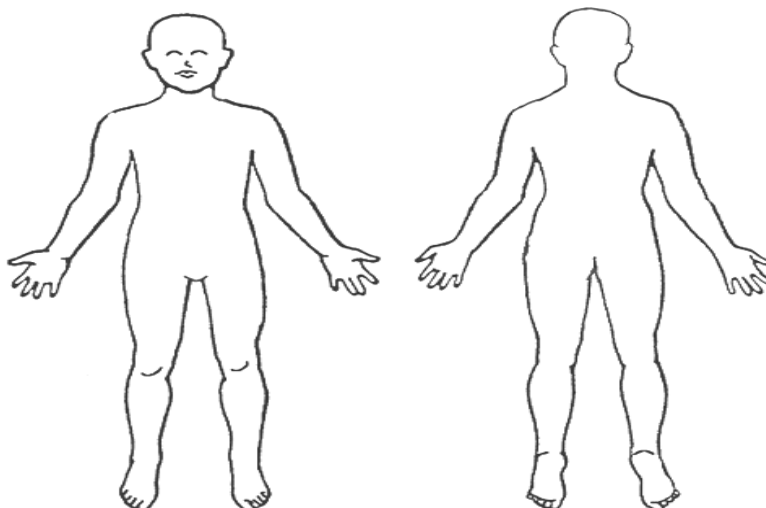
Please complete this form in as much detail as you can. This will not only help your osteopath understand your total state of health, but can help us discover any medical conditions which may need referral to your doctor before you embark on a course of osteopathic treatment.

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

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	

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

RIGHT



RIGHT

<p>What is your problem/condition?</p>	
<p>Do you have any other symptoms associated with the problem?</p> <ul style="list-style-type: none"> • Nausea, vomiting, diarrhoea • Cough, dizziness, abdominal pain • Loss of bladder or bowel control • P&Ns, numbness, etc. 	
<p>Please give a brief history of the problem.</p> <ul style="list-style-type: none"> • 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? 	
<p>Please give any other details that you think are important or relevant.</p>	

Medical History

	YES	NO
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:		
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:		

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 informed of any possible side-effects of the therapies you may receive at this practice.

Massage

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.

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.

Signed _____ **Date** _____

Data Protection GDPR

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

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

Tick box for consent

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** _____