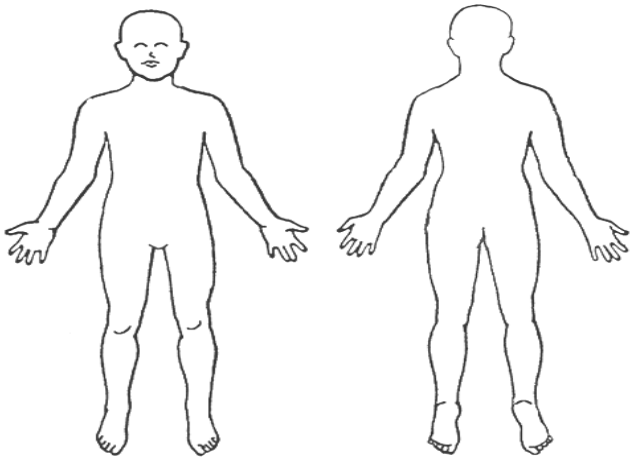
Re-Examination Questionnaire

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.

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

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

RIGHT  RIGHT

PAIN SCALE

No Pain **Excruciating Pain**

0%_____50%_____100%

Do you have any pins and needles, numbness, loss of sensation or weakness?	
When did this problem start?	
How did this problem start?	
Did the pain come on immediately or did it develop over a period of hours or days?	
Did you have any other symptoms associated with this onset? Nausea, vomiting, diarrhoea, cough, dizziness, abdominal pain, loss of bladder or bowel control, etc.	
What did you take/do to relieve the pain? Did it help?	
Please give a brief history of the problem. 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	
What sort of movements or actions make the pain feel better or worse?	
Please give any other details that you think are important or relevant.	

MEDICAL HISTORY

Have you had any illnesses, operations or accidents/broken bones?	
Are you on any medication? Please list **ALL** your medication including vitamins and herbal supplements.	
Have you noticed any change in your general health? Changes in bowel habit, urinary problems, breathing or circulation problems, tiredness, nausea, or any change in how you feel that you think may be significant.	
When was the last time you had your blood pressure taken? Do you know what it was?	
Is your job or home life particularly stressful at the moment? If yes, do you wish to discuss this at your appointment?	
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 had a prostate examination? Give reason for the tests and the results.	
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?	**If you have any swellings or lumps in the testicles, even if they are painless, you should consult your GP**
Female patients answer the following **5** questions **GYNAECOLOGICAL HISTORY**	
Have you noticed any changes in your periods recently?	
If you are postmenopausal how long ago did your periods finish? **Are you (or where you ever) on HRT?**	
Do you have a coil fitted?	
Have you had a mammogram? If yes, how long ago? What were the results?	
When was your last cervical smear test?	

Have you had 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

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 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
- 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

(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 <u>babies/children having Cranial Osteopathy</u> 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 can occur with certain acupuncture points at the first treatment, this can 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 <u>always</u> 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.

Electrotherapy

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

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 and NovoTHOR can be safely used over metal pins, plates 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 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.
- Some patients may experience tiredness after NovoTHOR.

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 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	☐
Medical Acupuncture	☐
Electrotherapy	☐
Physiotherapy	☐
Sports Massage	☐

Signed _____ **Date** _____

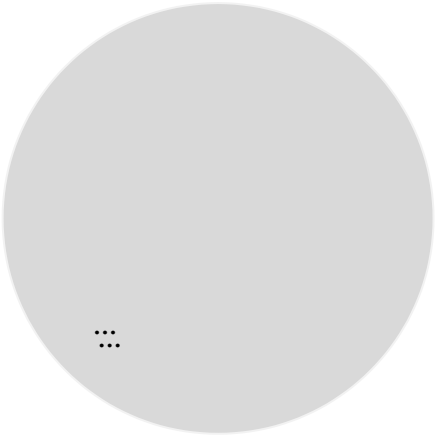
(If the patient is a child, the parent or legal guardian must sign)

If you are attending for **UPPER NECK or HEADACHES,** please discuss this with your Osteopath before treatment.

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 <u>never</u> 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
Vascular pathology
Anticoagulants
Smoking
Chronic headaches
Migraine

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: _____

The Osteopathic Practice Patient Charter

Osteopathy is a very 'hands on' therapy.

This means that your Osteopath will need to touch and examine the area of your pain and other significant areas, depending on the tissues involved. Some of the treatment techniques will require that your Osteopath get very close in order to control the mobility or to focus a manipulation.

It is important to understand that you remain in control of your treatment at all times.

You can remove your consent to treatment, or any part of the treatment **at any time.**
If you decide that you are not comfortable with any technique, please tell your Osteopath and they can discuss alternative techniques or treatments to achieve the same or similar improvement.

You can choose to have a chaperone with you during your treatment.

If you are nervous, please bring a spouse, partner or friend who can sit in with you during your treatment. This can be helpful, as your Osteopath may give you a lot of information and advice at your first appointment, and it sometimes helps to have another pair of ears to take it all in.
*Children under 16 **must** have a parent or legal guardian with them **at all times** during a treatment.*

If you have any concerns, or don't understand what is happening during your treatment, please ask.

We understand that, what to us is a normal everyday occurrence, is something completely new and unknown to you.
Please ask if you wish to have any part of your treatment explained, or if there are alternative techniques available if you are uncomfortable with what is being done.

You don't have to remain with the same Osteopath throughout your course of treatment.

If you prefer to change, or if it's more convenient for you to see another therapist within the practice, please tell the receptionist and it can easily be arranged for you.

At your first consultation and treatment you can expect:

To be asked a detailed history of your problem and other medical conditions:

Your Osteopath may ask questions of a personal nature such as bowel habit or urinary function. They may ask women about any difficulty with menstruation, pregnancy or labour if this could be relevant to a low back or pelvic condition.
These questions are needed to eliminate possible medical conditions that can mimic musculoskeletal pain, but which need medical, rather than osteopathic treatment.

Examination of the area(s) of your pain and any associated regions of the body:

Your Osteopath may need to examine you in your underwear (depending on the area of the problem) and will need access to certain areas of the spine or limbs to facilitate treatment. You can ask to be covered with a towel or to partially re-clothe if you are cold or would feel more at ease covered.
Please bring shorts and a vest or camisole, if you do not wish to undress to your underwear.

An initial diagnosis and an explanation of your proposed treatment plan, including any advice or exercises:

These should include any alternatives to Osteopathy, if we believe that you would benefit from this.

If you have any concerns about your treatment:

Contact the Principal of the practice - Jane O'Connor ADO DO. **joconnor.osteopath@virgin.net**

If you feel you need to make a formal complaint about any Osteopath:

Contact the osteopathic governing body, The General Osteopathic Council. **Email: regulation@osteopathy.org.uk**

We believe that every patient has the right to feel safe and respected at all times.
Each patient is a valued individual who we sincerely want to help.

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

I have read and understood my rights of consent as a patient of The Osteopathic Practice

Signature _____ Date _____