



Casey Central Osteopathy  
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**ADULT New Patient Information Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Private Health Fund: \_\_\_\_\_

GP Name & Location: \_\_\_\_\_

I consent to Casey Central Osteopathy notifying my GP that I am having Osteopathic treatment (if required).

Emergency contact name & number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your occupation: \_\_\_\_\_

How did you hear about Casey Central Osteopathy? \_\_\_\_\_

**Please fill out this section (if applicable):**

Pension/Concession number: \_\_\_\_\_

Medicare number: \_\_\_\_ \_ Ref No. \_\_\_\_

Department of Veterans' Affairs card number: \_\_\_\_\_

TAC Claim number: \_\_\_\_\_

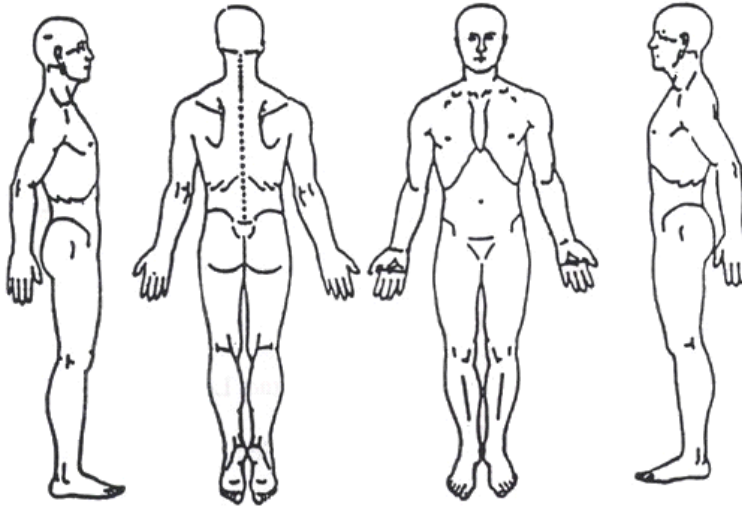
- Date of accident: \_\_\_\_\_

WorkSafe Claim number: \_\_\_\_\_

- Employer: \_\_\_\_\_

- Date of injury: \_\_\_\_\_

## New Patient Medical History



What is the main purpose of your visit today? \_\_\_\_\_

*Please indicate on the diagram where your problem is (if applicable)*

How would you describe the pain? \_\_\_\_\_

Do you experience pins & needles? \_\_\_\_\_

What makes it feel worse? \_\_\_\_\_

What makes it feel better? \_\_\_\_\_

When did this problem start? \_\_\_\_\_

Have you had this problem before? \_\_\_\_\_

Other professionals seen before in the past:

- Osteo       GP       Physio       Chiro       Massage       Specialist

Others *(Please list):* \_\_\_\_\_

Any investigations or tests?    X-rays    Ultrasound    MRI scan    CT scan    Bloods    Other/s

List any medications & supplements you are currently taking:

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Have you had or have had any of the following? *(please tick)*

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> High/Low Blood pressure | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Blood clot      | <input type="checkbox"/> Breathing issues |
| <input type="checkbox"/> Pins & needles          | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Migraines     | <input type="checkbox"/> GIT issues      | <input type="checkbox"/> Asthma           |
| <input type="checkbox"/> Rheumatoid Arthritis    | <input type="checkbox"/> Osteoarthritis   | <input type="checkbox"/> Osteoporosis  | <input type="checkbox"/> Muscular injury | <input type="checkbox"/> Joint injury     |
| <input type="checkbox"/> Ligament injury         | <input type="checkbox"/> Disc problems    | <input type="checkbox"/> Fracture      | <input type="checkbox"/> Surgery         | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Trauma/Accident         | <input type="checkbox"/> Major infection  | <input type="checkbox"/> Incontinence  | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Pregnancy        |

Is there anything else you believe you need to inform your Osteopathic practitioner?

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## **Adult Osteopathic informed consent - 15 minute assessment**

Osteopathy treatment is a recognised manual therapy for the care of many musculoskeletal related conditions. All of our Practitioners are registered with the Australian Health Practitioner Regulation Agency (APHRA). Our philosophy is to look at the body a ONE WHOLE UNIT to find the primary source of your problem. Our Osteopathic Practitioners will aim to help you understand what your body is going through so that you will leave with a better knowledge about what your body's limitations are and how to prevent and manage your problem down the track.

Our Privacy Statement sets out the policy of Casey Central Osteopathy with respect to the way in which we collect, use, disclose, store, secure and dispose of Personal Information about our patients. The information that we collect from you allows our Practitioner/s to assess your health and provide you with the utmost care possible. The information will ONLY be used for these purposes in strict adherence to the National Privacy Principles of the State and National Government's privacy legislation. I understand by agreeing to sign this consent form I give permission for Casey Central Osteopathy to automatically subscribe me to the email and SMS list.

I have had the opportunity to discuss the proposed care with my Practitioner below. I have disclosed all relevant health and medical information. I also acknowledge that I have had the opportunity to question the nature, extent and purpose of care of my Osteopathic treatment. I understand that I can withdraw consent to treatment at any time.

I confirm that I have read and understood ALL the information above; I hereby acknowledge my consent to the proposed Osteopathic assessment by the Osteopath practitioner.

**Patient name:** \_\_\_\_\_

**Patient signature:** \_\_\_\_\_

**Osteopaths name:** Dr \_\_\_\_\_

**Osteopaths signature:** \_\_\_\_\_

**Dated:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_