Casey Central Osteopathy
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Paediatric New Patient Information Form

Child's full name: _____ DOB: ____/____/_____

Address: _____ Post code: _____

Private Health Fund: *(if applicable)* _____

GP Name & Location:

_____

_____

☐ I consent to Casey Central Osteopathy notifying my child's GP that they are having Osteopathic treatment *(if required)*.

Guardian Details

Name: _____

Relationship to above mentioned child: _____

Address: _____ Post code: _____

☐ as above address

Home Phone: (____)_____ Mobile:_____ Work: (____)_____

Email: _____

Emergency contact name & number: _____ (____) _____

How did you hear about Casey Central Osteopathy?

_____

Paediatric Medical History

Mother's age at time of birth: _____

Pregnancy #? _____

Date of birth: _____/_____/_____

Was this date ☐ *Early* _____ ☐ *Late* _____ ☐ *On time*

How long was labour? _____

Was this birth: ☐ Natural birth or ☐ C-section

Was mother induced? ☐ YES or ☐ NO

Was there any assistance required in the birthing process? ☐ NO ☐ Vacuum ☐ Forceps

Any previous miscarriages? ☐ YES or ☐ NO

Were any pain killers required? ☐ Gas ☐ Epidural ☐ Pethidine ☐ Other _____

How did your child present at birth? ☐ Anterior ☐ Posterior ☐ Breech ☐ Other _____

What problems, if any did mother have with this pregnancy/childbirth? _____

_____

Child's birth weight: _____ Child's birth length: _____ Child's head circumference: _____

How is your child feeding: ☐ Breast milk, if so how long for now? _____ ☐ Formula in bottle ☐ Both ☐ N/A

Are your child's vaccinations up to date: ☐ YES or ☐ NO

Has your child ever suffered from the following?

Reflux/Vomiting	☐ **YES**	☐ **NO**	Constipation/Diarrhoea	☐ **YES**	☐ **NO**
Sleeping problems	☐ **YES**	☐ **NO**	Problems latching/sucking	☐ **YES**	☐ **NO**
Feeding/Diet problems	☐ **YES**	☐ **NO**	Colic	☐ **YES**	☐ **NO**
Problems with wind	☐ **YES**	☐ **NO**	Motor vehicle accident	☐ **YES**	☐ **NO**
Headaches	☐ **YES**	☐ **NO**	Fracture	☐ **YES**	☐ **NO**
Nausea	☐ **YES**	☐ **NO**	Joint dysplasia	☐ **YES**	☐ **NO**
Hearing problems/tinnitus	☐ **YES**	☐ **NO**	Ear/Throat Infections	☐ **YES**	☐ **NO**
Vision problems	☐ **YES**	☐ **NO**	Breathing problems/Asthma	☐ **YES**	☐ **NO**
Difficulty with speech	☐ **YES**	☐ **NO**	Bowel/bladder problems	☐ **YES**	☐ **NO**
Surgery	☐ **YES**	☐ **NO**	Dental problems	☐ **YES**	☐ **NO**
Trauma/Falls	☐ **YES**	☐ **NO**	Knocks to head/concussion	☐ **YES**	☐ **NO**
Bleeding disorder	☐ **YES**	☐ **NO**	Epilepsy/Seizures	☐ **YES**	☐ **NO**
Liver disease/Jaundice	☐ **YES**	☐ **NO**	Diabetes	☐ **YES**	☐ **NO**

Childhood development and behaviour **–** *Please indicate if & when your child developed these milestones*

☐ Grip motion _____

☐ Rolling _____

☐ Tummy time _____

☐ Sitting _____

☐ Walking _____

☐ Standing with assistance _____

☐ Standing by oneself _____

☐ Crawling _____

☐ Talking _____

☐ Toilet trained _____

Main presenting complaint;

What is the main purpose of your child's visit today? _____

_____

When did this first start? _____

When does this generally occur? _____

What time of the day is this most prominent?

☐ Morning ☐ Afternoon ☐ Evening ☐ Middle of the night ☐ No pattern

What do you think relieves the problem? _____

What do you think aggravates the problem? _____

Have there been any investigations or tests performed for this?

☐ Xrays ☐ Bloods ☐ Ultrasound ☐ Scans ☐ Other _____

Have you tried other treatment options or seen any other Health Professionals for this?

☐ Osteo ☐ Chiro ☐ Physio ☐ GP/Pediatrician ☐ Midwife ☐ Sleep school ☐ Other _____

Please list any medications or supplements your child is currently on;

_____

_____

Pediatric Osteopathic informed consent

Osteopathy is a recognised manual therapy for the care of many musculoskeletal related conditions. However, much like anything you – *the gaurdian* must recognise that there are slight risks associated with al health care procedures or treatments. This includes Osteopathic Manual Techniques, which you must be informed about. 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 an individuals problem. Our Osteopathic Practitioners will aim to help you understand what your child's body is going through so that you will leave with a better knowledge about limitations and how to prevent and manage your child's problem down the track.

Normal treatment effects:
The initial 24-48 hours after an Osteopathic treatment your child may experience mild temporary post-treatment soreness which may represent as;

- Irritability
- Discomfort
- Loss of appetite
- Trouble sleeping

There may also be temporary exacerbation of your child's symptoms or underlying condition. Please be advised that this is considered to be normal, as your child's body is responding to the treatment.

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

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

Would you like to opt in to: ☐ SMS reminders ☐ Appointment emails ☐ Newsletter emails

Privacy policy: *The information that we collect from you allows our Osteopathic 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. You have the right to obtain access to your health records with Casey Central Osteopathy at any point in time upon request (a small printing fee may be involved).*

I confirm that I have read and understood ALL the information above; I hereby acknowledge my consent to the above and for my child to the proposed Osteopathic care by the treating practitioner below.

Patient name: _____

Guardian name:_____ **Guardian signature:**_____

Osteopaths name: _____ **Osteopaths signature:**_____

Dated: ____/____/_____