Casey Central Osteopathy
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# MINOR 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: _______________________

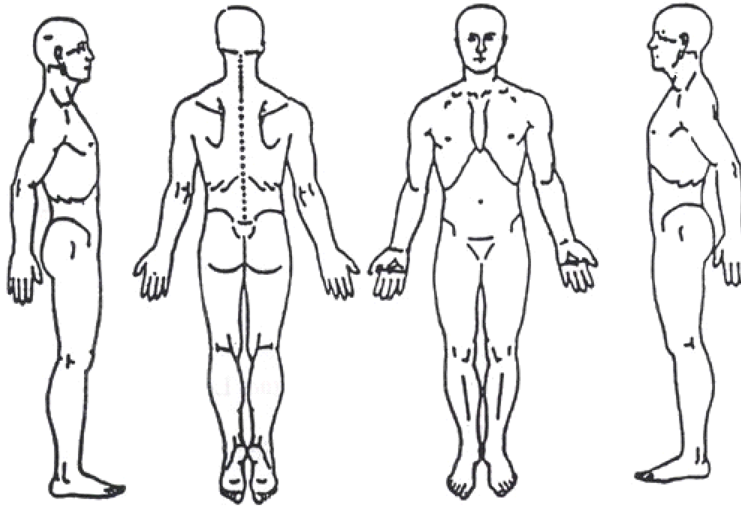
TAC Claim number: ________________________________________

- 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:

______________________________

______________________________

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

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

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

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

# <u>Minor Osteopathic informed consent - 15 minute assessment</u>

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:** ________________________________________

**Guardian name:**________________________________________ **Guardian signature:**_______________________

**Osteopaths name:** ____________________________________ **Osteopaths signature:**_____________________

**Dated:** ____/____/________