



## Osteopathy Health Screening Questionnaire

Full Name (including **middle** names) please: -

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Title: - Mr/Mrs/Miss/Ms/Dr or other

Please complete in full the following information. This ensures that I am aware of any health concerns and can identify any health issues that may be affected by treatment. Please be aware that I rely on the accuracy of the information given to work safely and effectively with you.

As part of my service to you, I ask for a current email address and mobile phone number in order that I can provide you with text and email reminders of appointments, advice on treatment and sometimes rehabilitation exercises.

**My aim is to provide the very best care I can for you.**

### Your Personal Details: -

Date of Birth    /    /  
 Mobile No                    \_\_\_\_\_ Home Telephone                    \_\_\_\_\_  
 Work telephone            \_\_\_\_\_  
 Email address                \_\_\_\_\_ @ \_\_\_\_\_

How did you hear about the practice? Referral Friend  Referral Family  Internet  Signage  Advert   
 Event  Referral Other  if other we would really appreciate you letting me know how:

\_\_\_\_\_

Home address: -

Post code

Your Occupation

Employer or Business name

Family – no and age of children

## Emergency Contact Details

Name  Relationship to yourself

Contact Telephone Number

## Your Doctors Details: -

Name

Practice  Telephone Number

## Your Medical History

Please tick any of the following for which you have been diagnosed or treated by a doctor or health professional?

Asthma  Heart Problems  Thyroid Disorders  Herpes/shingles   
Diabetes  Multiple Sclerosis  Parkinson's Disease  Fibro/Polymyalgia   
Epilepsy  Glandular Fever  High Blood Pressure  Tuberculosis   
Cancer  Low Blood Pressure  Deep Vein Thrombosis  Hemophilia   
HIV/Aids  Skin Disorders/Infections  Bowel or Bladder Disorders  Impaired Circulation   
Any recent viral or bacterial infection  Mental Health Problems or Depression

Do you have a pacemaker fitted  Yes/No

Do you suffer from allergies?  Yes/No

## Please tick if you ever experience any of the following symptoms: -

Pain, pressure, heaviness or discomfort in the chest area   
Regular unexplained pain in the abdomen, shoulder, arm, jaw, arms or other areas   
Shortness of breath at rest, during daily activities or with mild exertion   
Dizziness or syncope (fainting)  Sleep apnea  Ankle edema (swelling)   
Palpitations (abnormal rapid beating of the heart) or tachycardia (rapid heartbeat)   
Intermittent claudication (cramping pain and weakness in legs, especially calves during walking)   
Known heart murmur (atypical heart sound indicating a structural or functional abnormality)   
Unusual or unexplained fatigue  Unexplained weight loss   
Night pain or night sweats  Sudden loss of vision  Persistent headaches

Is there a family history of any of the following conditions? (Refers to biological parents and siblings)

Heart Problems      Yes/No                      Diabetes    Yes/No                      Epilepsy      Yes/No

Early Menopause      Yes/No                      Cancer    Yes/No                      Other          Yes/No

Have you had any surgery in the past Yes/No.?

### **Medication, Therapy and Treatment**

Please give details of all medicines taken in the last 6 months and list dosages

Are you presently receiving any sort of therapy or treatment? Yes/No.

### **Ladies**

Are you currently pregnant, been pregnant (including miscarriage and terminated pregnancies) or have you given birth in the last 12 months? Yes/No.

Do you have any problems with periods? Yes/No

If applicable at what age did you reach the menopause?

**If you have answered YES to any of the questions on this form or have any other health problems, please give details below:**

Osteopaths undergo a long period of training and are regulated by the General Osteopathic Council ([www.osteopathy.org.uk](http://www.osteopathy.org.uk)). Training prepares osteopaths to examine and screen for potential difficulties that indicate where certain techniques should not be used, thereby avoiding patients being exposed to unnecessary risk.

Serious side effects are rare. The two most serious risks are:

- 1 - Stroke or artery damage caused to the arteries in the neck.
- 2 - Collapse of a spinal disc causing Cauda Equina Syndrome (damage to the bundle of nerves below the end of the spinal cord that can result in loss of bladder or bowel control)

I hereby confirm that the information given above is correct and undertake to notify **Julia Kinsey** of any changes in my medical condition as soon as I am aware of it. I understand that no personal information will be revealed (to my GP or other) without my written consent.

Client's Signature:

Date:

Printed Name: