



Bromyard Osteopathy & Natural Therapy Centre

1

Dear

This letter/e-mail is to confirm your child's appointment on

Please note the following information:-

- Prior to your child's first visit it is important that I receive a completed and detailed medical information/history form. This will enable me to have an overview of the current complaint and aid in assessing the condition and in reaching a correct diagnosis.
- On your first visit, I will usually want to make a hands-on examination of your child's head, spine and pelvis.
- The first appointment will be up to half an hour long – this first appointment involves a period of examination/diagnosis and any remaining time is spent on treatment. The length of the actual treatment is dependent on the length of the initial examination. This can vary with the complexity or the severity of the problems that a patient may have.
- It is important that I stick to a timetable for my bookings so if you are late you will be charged the full fee, but your treatment will only last for your remaining appointment time
- During the first consultation/examination a detailed explanation of the diagnosis and treatment will be given to you. Please do not hesitate to ask any questions about anything you do not understand about the proposed treatment.
- The current fees are **£72** for the first visit and **£58** for subsequent visits. Appointments will last up to half an hour. However, please note that appointment lengths may vary as some conditions require less treatment time. The important point to remember is that your osteopath aims to achieve the maximum benefit for your child's condition during each treatment session and the fee reflects your osteopath's experience and decision on each occasion.
- If you are insured you are expected to settle the bill for each visit yourself and you will be given a receipt so that you can reclaim the fee from the insurance company.
- Payment can be by **cash or cheque** and payable at each visit. Unfortunately we **CANNOT accept payments by credit or debit card.**
- **If for any reason you decide not to attend this appointment, please call as soon as possible to cancel as I can then give it to another patient. If you miss or cancel with less than 24 hours notice, then the clinic's policy is to charge the full appointment fee.**
- **Please note that by returning this form you are confirming that you wish to attend the appointment and the clinic's policies will apply.**
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I look forward to seeing you

Michelle Davies BSc (Hons) Ost Osteopath

Consent Form

Name.....

Date.....

I agree to the terms of this welcome letter containing clinic policy.

This form will be kept with your medical records. Patient confidentiality remains our highest priority. Your details and records will not be disclosed to other third parties without your consent. Please feel free to contact the osteopath following treatment with any concerns or questions.

Signature:..... (This can be signed on the day of your appointment)

General Data Protection please read

We would only ever use your information eg: address, telephone numbers, e mail address to contact you about your appointment, the practice, your health and wellbeing. We DO NOT pass your information on to any third parties and would ask your permission before giving anyone your details (GP, hospital, solicitors).

Please contact me regarding appointment, practice, wellbeing.

Signature.....

Please do not contact me under any circumstances.

Signature.....

PLEASE COMPLETE CLEARLY

To enable me to assist you in reaching your health goals please answer the following questions as accurately and in as much detail as you can.

CHILDREN’S QUESTIONNAIRE

Today’s Date

Name of Child

Date of Birth

Age of child

Parent’s names

Parent’s occupation

Address

Tel. no.

Mobile no.

E-Mail

GP’s name and address:

Health Visitor’s name:

Siblings- (dates of birth and any health problems)

How did you find us? Advert Recommendation Website Passing by Other
(Please name)

Present complaint –Reasons you are bringing your child/baby.

Onset of complaint

About the Mother

How did you feel physically and emotionally during your pregnancy?

**When you were pregnant with your child, did you have any medical problems?
If yes, please give details:**

Did you have a bad viral infection in the first 13 weeks of your pregnancy?

Did you take any medication or vaccination during the pregnancy?

Was the baby in the breech position at all during the pregnancy?

When was the baby's head said to be engaged?

Delivery

Was the birth assisted in any way, such as ventouse or forceps or Caesarean?

Did your labour begin of its own accord or were you induced?

Was the delivery as you had hoped?

Was the birth process either very short or very long?

Was the birth process unusual or difficult in any way?

Did you have any pain relief?

Was the baby stuck at any stage?

Was the cord around the babies neck?

Was your baby born on the due date, if not how many days early or late?

After Delivery

AGPAR SCORE, if known 1 minute 5 minutes

Please give Birth weight ;

Did your child cry within a few minutes of being delivered?

Within the first 30 minutes did your baby suck?

When s/he was born, was there anything unusual about him/her – i.e. the skull distorted, was there heavy bruising, was s/he definitely blue, or did s/he require intensive care?

Did your baby's head shape change a lot during the first 24 hours?

Feeding

Breast or bottle?

In the first 13 weeks of your child's life, did s/he have difficulty in latching on sucking, feeding or keeping food down?

When were solid foods introduced?

Sleeping

How quickly was a routine established?
Is s/he a good sleeper?

Vaccinations

Did you make an informed decision to vaccinate your child?

PLEASE NOTE; IF YOUR CHILD IS DUE TO HAVE VACCINATIONS THEN OSTEOPATHIC TREATMENT SHOULD NOT BE SCHEDULED 3 DAYS PRIOR TO THE VACCINATION DATE OR FOR ONE WEEK AFTER .

If you vaccinated were there any reactions?

Are there any vaccines due and when?

Illnesses

In the first 18 months of his/her life, did s/he experience any illness involving high temperature and/or convulsions?

If yes, please give details

Has your child suffered from any of the following at regular intervals?

Gastro Intestinal Problems

Colic	-----	Recurrent constipation	-----
Tummy pains or wind	-----	Persistent runny nose	-----
Unusual bowel patterns	-----	Mouth breathing	-----

Has your child undergone any surgery?

If yes, please give details

Medication

What medicines, if any, is your child taking now? (include skin applications and creams)

Accidents

Hospital Admissions casualty, tests, treatments,

Dental History (any problems, treatment or orthodontics)

Other Treatments (such as homeopathy, occupational therapy, physiotherapy etc.)

At approximately what age did your child:

Crawl? Talk?

Walk? Potty train?

Movements and Favourite Positions (have you noticed any asymmetries or difficulties?)

Family General Health

Is there a family history of any of the following:

Asthma

Eczema

Hayfever

Diabetes

Anything else you would like to mention. Please continue overleaf. Thank you.

IF YOU ARE DUE TO ATTEND WITHIN 24HRS OF BOOKING AN APPOINTMENT FORMS MUST BE RETURNED BY EMAIL and BRING COPIES WITH YOU

Please return to michelle@worcester-osteopath.co.uk at least 24 hours prior to your appointment or post to

**Bromyard Osteopathy & Natural Therapy Centre
Old Road
Bromyard
Herefordshire
HR7 4BQ**