



Bromyard Osteopathy & Natural Therapy Centre

Dear

This letter/e-mail is to confirm your appointment with me on

Please note the following information:-

- As your last appointment was quite sometime ago it is important that I receive a completed and detailed medical information/history form. This will enable me to have an overview of your current complaint and aid in assessing your condition and in reaching a correct diagnosis
- This appointment will be up to half an hour long – this 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
- On your first visit, depending on the location of the problem, I will usually want to make a full hands-on examination of the spine or the region where the pain is. This may involve undressing to your underwear or ladies can wear leggings and a vest and men shorts with a tee shirt. A gown and towel can be provided if you wish. You are welcome to bring a friend or relative with you into the treatment room if it makes you feel more comfortable.
- At the end of the consultation/examination a detailed explanation of the diagnosis and proposed 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 this 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 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.**

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.

Name

Address

Tel. no.

Mobile no.

E-Mail

Date of Birth

Age

Occupation

Any dependents and their ages

GP's name and address:

Height:

Weight:

Do you do any exercise (please state)?

PLEASE DO NOT EXERCISE AFTER TREATMENT. (SAME DAY ONLY)

How regularly do you exercise?

**How did you find us? Advert
Other**

Recommendation

Website

Passing by

(Please name)

Present complaint –Reasons you have made the appointment.

Pain Scale:

Please circle the number that best describes the level of pain that you experience:

0 1 2 3 4 5 6 7 8 9 10
None Little Medium A lot Severe

Start of complaint and the possible reason

What makes the complaint worse?

What makes the complaint feel easier?

Is there any History of this complaint?

Have you seen your GP for this current problem?

Have you seen an Osteopath Before?

If yes please could you tell us the name of the Osteopath?

Date of last appointment?

Any other History involving your joints or spine?

Do you have any other health concerns?

Any Medication;

Did your GP prescribe medication for this current problem?

What medicines, if any, are you taking now? (include skin applications and creams)

Any Accidents/Traumas in your lifetime; Please list (with dates if possible);

Any Illnesses; Please list (with dates if possible);

Have you ever been diagnosed with cancer?

If yes; when were you diagnosed and what sort of cancer were you diagnosed with?

Any Hospital Admissions (casualty, tests, treatments, X-rays, MRI, Bloods)

Any Dental History (any problems, treatment or orthodontics)

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

Are you mentally or emotionally stressed?

Any Factors that you know cause you Stress

Does your condition affect the quality of your sleep? (Please explain)

Heart/Lungs

Are you a Smoker?
 Do you have a Cough?
 Do you have Chest pain?
 Do you have palpitation?
 Do you suffer Shortness of breath?
 Have you been diagnosed with High blood pressure?
 Have you been diagnosed with High Cholesterol?
 Do you suffer Poor circulation?
 Do you suffer Asthma?
 Do you suffer Hay fever?

For Men

Do you have Problems stopping/starting urinating?
 Is there any Hesitancy on urinating?
 Do you feel Pain on urinating?
 Has your Prostate been checked?

For woman

Do you have a Regular cycle?
 Do you suffer any period Pain?
 Are your periods Heavy?
 Have you had any Childbirth?
 Have you gone through the Menopause?
 Do you suffer Stress Incontinence?
 Are you expecting a baby?

Anything else you would like to mention?

Neurological

Do you have Epilepsy?
 Do you suffer Fainting?
 Do you suffer Headaches?
 Do you suffer Migraines?
 Do you have pins and needles or numbness?

Bowel

Do you suffer Constipation?
 Do you suffer Diarrhoea?
 Do you suffer Irritable bowel syndrome?
 Do you have Blood in your stools?
 Do you suffer Reflux?
 Do you suffer Colitis/Crohns?

Endocrine

Do you suffer with your Thyroid?
 Do you have Diabetes?

Diet

Do you have any food Intolerances?
 Do you take any Supplements?

Skin

Have you any skin Rashes?
 Do you suffer any Allergies?

Please return to michelle@worcester-osteopath.co.uk at least 24 hrs prior to your appointment or post to Old Road, Bromyard IF YOU ARE DUE TO ATTEND WITHIN 24HRS OF BOOKING AN APPOINTMENT FORMS MUST BE RETURNED BY EMAIL AND BRING COPIES WITH YOU.