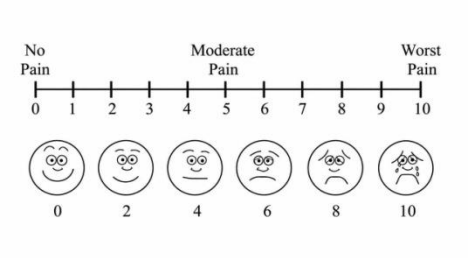
Osteopath Consent Form

FirstName	
Last Name	
DOB:	
Type of work:	
Blood Group:	
Height:	Weight:

HISTORY OF PRESENT ILLNESS:

Chief Complaints:_____

Using the following Pain Scale, rate your pain:



Typeofpain:_____

Onset _____;Time_____;Duration_____;Initial

Factor _____;Aggravating Factor_____;RelievingFactor_____

Past History – History of Similar Complaints / Episodes _____

_____Previous

treatment _____Other

Musculoskeletal problems _____

GENERAL INFORMATION:

Sports – Type / Frequency _____Sleep

– how many hours? _____Disturbed

sleep pattern (Morning or Night)? _____

What is the Comfortable position?_____

Food–Sweet/Salty/Spicy

Allergies _____Radiographs

_____

OTHER MEDICAL HISTORY:

Please state your previous medical history since and including birth if you are aware.

Traumatism:_____;Accidents:_____;

Operations:_____;Fractures and breaks:_____;

Sprains:_____;Pregnancy/C-Section/Abortion:_____;

Addiction:_____;Other hospitalizations:_____;

Medication past or present:_____

Other information(that may be seemingly irrelevant yet could well be):_____

Vishma Lamichhane Manual Osteopathy

Client Consent to Assessment/Treatment Treatments may include manual the rapist where the health practitioner places his or her hands on your body. Many techniques will include contact between your body and the practitioner's body. The Body and hand contact may include areas of your chest wall, pelvic floor and pubic bone. If intraoral work is required (work inside the mouth) disposable latex or vinyl gloves will be worn. At times, the practitioners may ask you to remove some items of clothing to facilitate treatment. If you do not feel comfortable with any part of the treatment, please tell the practitioner immediately. The techniques can be discontinued or modified to be comfortable for you. Consent re: Personal Information and Treatment I value the trust you have placed in the practitioners, and I am taking all appropriate measures to safeguard your personal information confidence. I request that you provide your consent as set out below:

I,_____have informed the Manual Osteopath of all my known physical conditions, mental conditions and medications, and I will keep the Therapist updated on any changes.

I understand that the possible risks and benefits of osteopathy will be explained to meregardingmy individual treatment plan and accept responsibility to inform the rapist if I do not understand any aspect of the risks and benefits. I understand that manual osteopathy is not a substitute formedical treatment and/or medications and that it is recommended that I work concurrentlywithmyPrimary Caregiver for any conditions I have. I am acknowledged that the treating manual osteopath/doctor/consultant/physician and his/her team of doctors have explained in thelanguageI understand about the diagnosis and prognosis of my present heal theconditionandexplainedtome in detail the treatment procedures, and protocols. I agree to protect the clinic, doctors, nurses, therapists, hospital staff, and administration from any legal issues, costs, or claims that may happen due to unexpected problems during my treatment.

I understand and accept the clinic's treatment costs.

Signature(please use your First name and Last name): _____ **Date** _____

All information provided by you is strictly confidential and will not be released without written consent except where required by law.