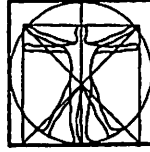


Wetherby Osteopaths

Medical History Questionnaire



Adam Bridger D.O.
Mary Bridger D.O. PGCertHE
Marise Richfield B.Sc. Ost.
Matthew Derbyshire B Ost.
Anna Blackwall M Ost.
Greg Jones M Ost.

24 York Road, Wetherby LS22 6SL
Telephone: 01937 584775

Name: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____

Telephone: Mobile: _____

Home: _____

Work: _____

Approx Weight: _____

Height: _____

Age of Child(ren) if any: _____

G.P. and Address: _____

For safe and effective care it is important that we have a complete picture of your health, past and present.

All information is strictly confidential under the Data Protection Act and will be kept within your osteopathy notes.

Please complete the questionnaire overleaf.

Thank you.

Medical History Questionnaire

Please tick YES or NO if you have any PAST or PRESENT history of the following problems.

	Y	N		Y	N
Heart Problems			Tuberculosis		
High Blood Pressure			Osteoporosis		
Circulatory Problems			Any Fractures		
Breathing Problems			Joint Replacement		
Stroke			Psychological Disorders		
Neurological Conditions			Drug or Alcohol Dependency		
Pins & Needles/Weakness/ Numbness			Depression/Anxiety		
Diabetes			Epilepsy		
Kidney/Bladder Problems			Dizziness/Migraine/Headaches		
Gynae Problems			HIV		
Digestive Problems			Road Traffic Accident		
Hernia			Family Medical History Any other Medical Conditions not mentioned above		
Cancer					
Any Type Of Arthritis					

Are you or could you be pregnant? Yes No

Have you had any surgery? Yes No

If so, what and when? _____

Are you a smoker? Yes No

Please list all current prescribed or non-prescribed medication _____

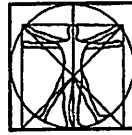
We would be interested to know how you heard about us.

Advert G.P. Word of Mouth

Signature _____ Date: _____

If you need any help completing this form please discuss with your Osteopath

Wetherby Osteopaths



Adam Bridger D.O.
Mary Bridger D.O. PGCertHE
Matthew Derbyshire B Ost.
Greg Jones M Ost.

Patient Information and Consent Form

24 York Road, Wetherby LS22 6SL
Telephone: 01937 584775
www.wetherbyosteopaths.co.uk

- ◇ You will be seen by a fully qualified Osteopath.
- ◇ Please inform us if you need a chaperone.
- ◇ Please do not hesitate to ask the Osteopath to stop the treatment and explain anything he/she says or does at any time during your appointment.
- ◇ The Osteopath needs to know about your health, past and present and you will be asked detailed questions about your complaint, medical history, general health and any medication you may be taking.
- ◇ It is understood that the Osteopath sees the area that is causing problems and any other areas which may be related to your condition. You will be shown to a changing area/cubicle and asked to undress to your underwear. There are clean shorts available for your use, please ask at the reception.
- ◇ You may be asked to perform simple movements to help the Osteopath understand and assess your condition and further examinations will be conducted while you lie on the examination couch. The Osteopath may also take your blood pressure and test reflexes, joint mobility and muscle strength.
- ◇ The Osteopath will make a diagnosis which he/she will discuss with you and in most cases some treatment will be given, but if the Osteopath does not feel you will benefit from osteopathic treatment, he/she will explain why.
- ◇ After treatment, advice will be given to support the treatment.
- ◇ You may feel uncomfortable for the first 24 hours or so after treatment. Please feel free to ring and talk to the Osteopath if you need to.
- ◇ If you have any concerns about the care we have provided we would like to hear about it.
- ◇ We do operate a complaints policy and procedure. If you wish to see, or have a copy of this please ask at reception or visit our website.
- ◇ It may take several sessions before your condition is relieved.
- ◇ It may be helpful during the course of treatment for the Osteopath to either inform your GP about areas of your health and treatment or for the Osteopath to get details of your medical history. Your consent is required for this and we will ensure we inform you before doing so.

Title Name

Address

Contact details – *please only give numbers/email where you are happy for a message to be left*

Daytime Evening

Mobile Email

I confirm that I have read and understood all the above and consent to being treated in the manner described above.

I am/am not happy for my GP to be contacted (delete as appropriate).

If my osteopath becomes unavailable at short notice due to sickness or other unforeseeable circumstances,

I do/do not give my consent for my notes to be passed on to a colleague (delete as appropriate).

I confirm that I am responsible for payment of fees.

It is our practice policy to request a minimum of 24 hours notice if you wish to cancel or are unable to attend an appointment - failure to do so will incur a charge of £20.

Signed Date