

# Osteocare Child Questionnaire

Name .....	DOB / /	Age .....	Sex M / F .....
Mother's name .....	Father's name .....		
Siblings name/s .....			
Referred by .....			
Address .....			P/Code .....
Telephone: Home.....	Mobile.....	Email .....	

## How did you hear about Osteocare? (Please Circle)

Internet    Yellow Pages    Drove Past    Referral (eg. Friend, family, health professional)  
Other (please specify): ..... If Referral, who? .....

## AREA OF CONCERN

What is the nature of your child's reason for this consultation, as you see it?  
.....  
.....

Has your child been diagnosed with a disease or condition     No     Yes  
If yes, what? .....

Who made the diagnosis?  
Name ..... Profession .....

## PERINATAL HISTORY

Where there any complications with the pregnancy?     No     Yes  
If yes, please detail:.....  
.....

When were ultra-sound examinations performed?  
 12wks     20wks     Other .....

Mother's age at the time of birth: ..... Years                      Week of birth \_\_\_\_ /40 +\_\_

Where did the birth occur?  
 Home     Birthing Centre     Hospital     Other .....

Total length of labour: ..... Hours     Easy     Difficult  
Length of 2<sup>nd</sup> stage: .....

Were forceps or vacuum extraction used?     No     Yes  
If yes, please detail:.....

Was caesarian section performed?     No     Yes  
If yes, was it elective? ..... Please detail: .....

What were the APGAR scores at: 1 minute: \_\_\_\_\_ /10    5 minutes: \_\_\_\_\_ /10

Where there any complications with mother during labour/delivery?     No     Yes  
If yes, please detail:.....

Where there any complications with baby during labour/delivery?     No     Yes  
If yes, please detail:.....

Was there a delay with the first breath?                                       No     Yes  
If yes, please detail:.....

How soon after the delivery was the placenta cut?

- Immediately  Pulsations had ceased  Other .....

Was the baby's head:

- Bruised  Flattened  Other irregular contours (please describe).....

**\*\*Please attach a photo of your child's head within the first 12 hours of delivery if possible\*\***

What were the initial measurements?

- Birth weight \_\_\_\_\_g
- Head circumference \_\_\_\_\_cm
- Length \_\_\_\_\_cm

Was the baby:

- Quiet  Contented  Too active  Irritable  Fussy feeder

Please list any problems with the baby in the first six weeks after birth

.....  
.....

**VACCINATIONS**

Has your child been vaccinated?  No  Yes

If no:  Homeopathic  Other .....

Where there any reactions with any vaccinations administered?  No  Yes

If yes, please detail:.....  
.....

**FEEDING**

Is/was your child breastfed?  No  Yes

If yes: For how long? .....

Any complications?  No  Yes ( Infant and/or  Maternal )

Did you have to exclude any foods from your diet?  No  Yes

If yes, please detail:.....

If your child is/was bottle fed, what formula was used? .....

Does or has your child had any problems with allergies/intolerances?  No  Yes

If yes, please detail:.....

**SLEEPING**

Does your child have any difficulty with sleep?  No  Yes

If yes, please detail:.....

Does your child require:

- More sleep  Less sleep  Average/normal amount

Does your child:

- Self rock  Head bang  Thumb suck

Other .....

Does your child have difficulty:

- Getting to sleep  Staying asleep  Other .....

**MILESTONES**

How old (in months) was your child when he/she first began:

Rolling ..... Sitting ..... Commando Crawl ..... Conventional Crawl.....  
Walking .....

Does your child move in an abnormal manner?  No  Yes

If yes, please explain: .....

Did your child skip crawling and begin to walk, cruise on furniture?  No  Yes

If yes, please detail: .....

Did your child use one arm or leg more than the other?  No  Yes

If yes, please detail: .....

Has your child regularly walked on their tiptoes?  No  Yes

If yes, please detail: .....

**BEHAVIOUR**

Does your child seek the company of younger children?  No  Yes

Does your child seek the company of older children?  No  Yes

Does your child antagonize or annoy other children?  No  Yes

Is your child usually:

Shy  Afraid  Active  Distractible  Destructive

Emotional  Angry  Aggressive  Depressed

Other (please specify) .....

**EDUCATIONAL INFORMATION**

**\*\*\*Please attach a sample of your child's drawing of a house, a tree and a person\*\*\***

Is there anything special about the school that your child attends?  No  Yes

If yes, please detail: .....

Is your child:

An over achiever?  No  Yes

An under achiever?  No  Yes

A good reader?  No  Yes Reading Level (if known) .....

A good speller?  No  Yes

Please describe any problems noted: .....

**MEDICAL HISTORY**

Does your child have problems in the following areas?

**Ears, Nose and Throat**

Frequent ear infections?  No  Yes Please detail: .....

Difficulty hearing?  No  Yes Please detail: .....

Nose disorder?  No  Yes Please detail: .....

Throat disorder?  No  Yes Please detail: .....

Other .....

**Heart and Lungs**

- Bronchial disorder?  No  Yes Please detail:.....
- Chronic cough?  No  Yes Please detail:.....
- Heart disorder (including murmurs)?  No  Yes Please detail:.....
- Other .....

**Gastrointestinal**

- Does your child experience any of the following?
  - Diarrhoea  Constipation  Alternating diarrhoea / constipation
  - Gas  Other.....
- Stomach disorder?  No  Yes Please detail:.....
- Intestinal disorders?  No  Yes Please detail:.....
- Other .....

**Genitourinary**

- Kidney disorder?  No  Yes Please detail:.....
- Bladder disorders?  No  Yes Please detail:.....
- Frequent urinary infections/disorders?  No  Yes Please detail:.....
- Other .....

**Skin**

- Skin disorders?  No  Yes Please detail:.....

**Bone**

- Bone or joint disorder?  No  Yes Please detail:.....
- Fractures?  No  Yes Please detail:.....
- Other .....

**Central nervous system**

- Head or brain injury?  No  Yes Please detail:.....
- Nerve or muscle disorder?  No  Yes Please detail:.....
- Other .....

**FAMILY HISTORY**

Have any of your nearest relatives (i.e. parents, grandparents, siblings, etc.) had a major illness?  No  Yes

If yes, please list: .....  
.....  
.....

Please read and sign the following as recognition of our clinic policies.

**Privacy Policy:**

Osteocare only collects information from our patients that is necessary in providing the best possible care and allows us to appropriately and thoroughly diagnose, treat and manage our patients. We aim to ensure that any information we hold is accurate, complete and up to date.

The health information that you provide is treated with the strictest of confidence and will only be disclosed to a third party (eg. health professional, insurance company etc.) with your written consent, unless we are legally obliged to do so.

Osteocare takes appropriate steps to ensure that all the information we hold is protected from loss, misuse, or unauthorised access, disclosure or modification. Our premise is secure, and access to our computer system is limited by user identifiers and passwords. All our staff are subject to strict obligations of confidentiality.

In handling your personal information, Osteocare is committed to complying with the Privacy Act 1988 and the National Privacy Principles (NPP) effective under the Privacy Amendment Act 2001, and operates in accordance with the Ethical Principles of the Australian Osteopathic Association.

**I have read the above Privacy Statement, and consent on behalf of my child.**

**Signature:** \_\_\_\_\_ **Date:** / /  
(Parent/Guardian)

**Cancellation and 'No Show' Policy:**

Thank you for choosing Osteocare to provide your manual therapy needs. Please read the following two policies, then sign your name where indicated.

Cancellation Policy:

If you need to cancel an appointment at Osteocare, please call us ASAP (24 hours notice) so we have the opportunity to offer your appointment to another patient. If less than 24 hours notice is given I acknowledge that I will be charged a \$30 fee.

'No Show' Policy:

If you do not show up for a scheduled appointment, you will be charged a \$30 fee.

**I understand these terms. I realise that I am financially responsible for charges incurred from cancellations or no shows.**

**I agree and consent on behalf of my child.**

**Signature:** \_\_\_\_\_ **Date:** / /  
(Parent/Guardian)