Osteocare
Feel better. Move better.

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Osteopathic History Form

Welcome to Osteocare. The info. you provide on this form is confidential and used to determine a treatment plan.
Please complete the following to assist our Osteopaths provide you with the best possible care.

Patient Details:

Surname:	Given Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Street address:	Suburb:		Postcode:
Home Phone:	Work Phone:	Mobile Phone:	
Email address:		Occupation:	
Sports/Hobbies:			
Emergency Contact: Name:		Relationship:	Mobile:
Usual GP: Name:			Phone:
Are you a Centrelink Concession card holder? ☐No ☐Yes If yes: Type: _____ Card No._____ Expiry: _____			

Referral details:

How did you hear about OSTEOCARE?
☐ Internet ☐ Yellow Pages on-line ☐ Referral - ☐ Health Practitioner – Name: _____
☐ Drove past ☐ Friend –Name: _____
☐ Other – Please specify_____ ☐ Family – Name: _____

Key reason(s) for your visit:

Current medications/nutritional supplements:

Name	Reason		Name	Reason

Allergies:

Smoking status:

☐ Never smoked
☐ Ex smoker - Number per day: _____ for number of years: _____
☐ Current smoker - Number per day: _____ for number of years: ____

For women to complete:

Are you or could you be pregnant? ☐No ☐Yes - If yes how many weeks? _____
How many children have you had? _____
Do any of the following apply?

☐ Painful periods	☐ Irregular periods	☐ Unusual bleeding
☐ Pain during sex	☐ Going through menopause	☐ Post menopausal
☐ Difficulty getting pregnant	☐Problems during pregnancy	☐ Problems after pregnancy
☐ Episiotomy/Tear		

Medical History: *(Please list any hospitalisations, surgeries, injuries or major accidents)*

Event	*Year/Age*		*Event*	*Year/Age*		*Event*	*Year/Age*

Have you ever, or do you currently experience any of the following?

Condition:	Never	Previously	Currently	Details:
Cardiovascular problems: e.g. angina, heart attack, stroke, high/low blood pressure, chest pain, heart palpitations, dizziness)	☐	☐	☐	
Breathing problems: e.g. asthma, shortness of breath, persistent cough, wheezing, fatigue)	☐	☐	☐	
Digestive problems: e.g. abdominal pain, nausea, bloating, diarrhoea, constipation, vomiting, heartburn, reflux)	☐	☐	☐	
Urinary/Kidney problems: e.g. difficulty urinating, incontinence, urgency, blood in urine, lower abdominal pain, flank pain)	☐	☐	☐	
Eye/Vision problems e.g. blurred/cloudy vision, eye pain/itching/redness, sensitivity to light, wearing glasses)	☐	☐	☐	
Ear/Hearing Problems: e.g. hearing loss, ear ache/pain, ringing in ear, discharge, vertigo)	☐	☐	☐	
Major Dentistry: e.g. Tooth extraction, Crown, braces)	☐	☐	☐	
Major Stress/Depression/Anxiety:	☐	☐	☐	
Do you have any other health concerns? e.g. health problems not indicated above, recent wight loss/gain diagnosed diseases/ conditions, thyroid problems, headaches, lack of energy difficulty sleeping, diabetes, arthritis, jaw pain)	☐	☐	☐	

Thank you for choosing Osteocare to provide your manual therapy needs. Please read the following Policies and sign below in recognition and acceptance of these Policies.

Privacy Policy:

Osteocare collects personal and medical information that is necessary to provide the best possible patient care by enabling appropriate and thorough diagnosis, treatment and management of our patients. We are committed to ensuring that any information held is complete, timely and accurate. Osteocare takes appropriate steps to ensure that all information is protected from loss, misuse, or unauthorised access, disclosure or modification. The personal and medical information that you provide is treated with the strictest confidence and will only be disclosed to a third party (eg. health professional, Solicitor/Lawyer, Insurance company) with your written consent, unless we are legally obliged to do so. The premises are secure and access to our administrative and patient records systems is restricted via user identification and password. All Contractors and 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 within the Principles of the Australian Osteopathic Association.

Cancellation and No Show Policy:

If you need to cancel or move a scheduled appointment, Osteocare requires at least 24 hrs notice so that the appointment can be offered to another patient. If less than 24 hrs notice is provided, a 'Late cancellation' fee will apply. Similarly, if you do not show up for a scheduled appointment and do not call to cancel a 'No Show' fee will also apply.

I have read and understand the above policies and realise that I am financially responsible for charges incurred from late cancellations or no shows.

Name: _____

Signature: _____ Date: / /