

Your Osteopath today is: **Carl** **Georgia**

**Intake Questionnaire Child**

“Ensuring we understand as much about your health and well-being about your Child as you do”! All information will be treated with the appropriate confidentiality. Under 2018 GDPR - Information retained until Age 25.

**Our Professional Fees : Children and Students up to Age 18 Initial Consultation £40.00  
Subsequent Treatments £35.00**

**Contact Details:**

Parent/Guardian’s/Carers Name..... School/College Attended.....  
\_Child’s First Names:..... Siblings YES/ NO Ages?.....  
Surname:..... How did you find out about us? Friend /Family / Internet / Yellow Pages/ Doctor / Other  
Address:.....  
..... General Practitioner Surgery?.....  
..... Do you know Your Height? Weight ?  
Postal Code: ..... Current Physical Activity/Exercise  
Contact Home Tel.:.....  
Contact Mobile:.....  
E-mail:..... If you have Medical Insurance Coverage Your Authorisation Details  
Date of Birth: / /

**Medical History**

- Yes No If YES, Please give Brief details:**
- A. Any Regular Prescribed Medications or Over The Counter Medications for whatever reason ? Please list them**
  - B. Are you suffering from any Medical Condition or been Hospitalised?**
  - C: Asthma or other Breathing Problems? Do you suffer from Shortness of Breath/Dizziness during Exercise?**
  - D. Are you Allergic to Anything?**
  - E. Have you had Any Operations?**
  - F. Have you had any Major Falls or Accidents.**
  - G. Any recent Investigations e.g. X-Ray/ MRI /CT scan / Blood tests**
  - H. List the Health Concerns for your Child that have brought you here today**

I confirm that I consent as Parent, Guardian or legally appointed Carer to this child receiving Osteopathic treatment. I understand that they can refuse treatment or any part of treatment at any time. I consent to receiving SMS or email communications for appointments on behalf of my child.

Signature (Parent/Guardian/ Carer) ..... Date.....