

Admin use

Assessment Date:



Your Osteopath Today is: Carl Emma

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 GPDR - Information retained until Age 25.

Our Professional Fees :Children and Students up to Age 18: Initial Consultation £55.00 Subsequent Treatments £40.00

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?.....
Postal Code: Do you know Your Height? Weight ?
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. Is your Child suffering from any Medical Condition or been Hospitalised?
C. Asthma or other Breathing Problems? Shortness of Breath/Dizziness during Exercise?
D. Suffers from Allergies to Anything?
E. Any Operations/ Medical Procedures?
F. Suffered 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.....