

Admin Computer

Date

Your Osteopath Today is Carl Emma



Intake Questionnaire 2024

We would like to welcome you to our Practice. Please complete this form in as much detail as you can. This will not only help your Osteopath understand your total state of health, it can help us discover any medical conditions that may need referral to your Doctor.

Your Contact Details

Title Mr /Mrs/Miss/Ms/Other (Circle) Occupation.....

First Names:-..... Are you:- Single / With Partner / Married/ Divorced / Widow / Widower ?

Surname:..... How did you find out about Us? Friend/Family/ Website/ Facebook/ Doctor/ Other ?

Address:..... GP Surgery.....

.....Post Code..... Height..... Weight

Mobile Number..... Active Exercise?.....

Home Telephone..... Hobbies?.....

Work Telephone..... **If you have Private Medical Insurance - Your Authorisation Details for Carl Jessup Osteopath:-**

Email **Company.....Excess Yes/No**

Date of Birth...../...../..... **Authorisation.....**

Yes	No	Your Current Medical History - If you Suffer or have been Diagnosed with any of the following - Please Tick Yes / No / & Circle if appropriate.
		Are You taking any Regular Prescribed Medications? or Over the Counter Medications ? Could you please list them:-
		Diabetes? If yes, IDDM Type I NIDDM Type II
		High Blood Pressure / Heart/ Angina/ Palpitations/Thrombosis ?
		Circulation / Night Sweats / Varicose Veins / Stroke/ TIA ? (Recent unexplained Weight Loss or Gain)
		Thyroid (Underactive) or (Overactive)?
		Epilepsy ? If Yes have your Seizures Stabilised on Medication ? Yes No
		Have you been Diagnosed with Osteoporosis or Osteopenia?
		Joint Replacements:- Hips / Knees / Other ? .
		Asthma / Bronchitis/ COPD/ Other Breathing Problems / Shortness of Breath / Dizziness on Exercise ?
		Digestive Complaints:- (Ulcers / Reflux / Indigestion / IBS / Colitis etc?)
		Have you noticed any Bowel or Bladder changes recently e.g. Blood or Pain passing stools / Urine Leaking / Increased Urination ?
		Any Form of Cancer? If so please circle any of the following if appropriate Chemotherapy / Radiotherapy / Operation

Yes	No	This Section Applies to Ladies Only - Gynaecological
		Are You or Could you be Pregnant Now? If Yes What is your Due Date?.....
		Have you had any Previous Pregnancy's? Please list Delivery year(s):-
		Previous Delivery Methods: Circle Natural Caesarean Assisted Forceps Episiotomy
		Your Menstrual Cycle Please Circle Regular Irregular Amenorrhea Endometriosis
		Are you Post Menopausal / Menopausal Sweats / Age Periods finished? Hysterectomy?
		Have you had a Mammogram? If yes what were results?

Yes	No	Your Past Medical and Injury History - Where Appropriate Circle or give Brief Explanations.
		Have you been involved in any Major Accidents e.g Motor Vehicle /Falls?
		Any Major Operations Tonsils Appendix Gall Bladder Hysterectomy Moles etc . Any Op requiring Anaesthetic?
		Any Fractures Broken bones/Stress fractures. Do you currently have any pins or plates in place?
		Allergic to Anything e.g. Drugs / Pollen / Dust / Animals
		Any Foot or Ankle Problems/Injuries?
		Have you had any Knee or Hip problems/injuries?
		Any Shoulder/Elbow or Wrist /Hand Problems/Injuries?
		Any other Muscle/Ligament or Tendon problems/injuries?
		Any Neck problems/injuries (e.g. Whiplash)? If so please indicate Year:
		Any Low Back problems/injuries? If so please indicate the number of previous episodes: 0-5 6-10 11+ Date of Most Recent Episode?
		Are you currently off Work due to Pain or Disability? If yes,, how long have you been off?
		Have you been diagnosed as Hypermobility (Excessive Joint Mobility)
		Is there any other longstanding Medical Condition or Disability in your past not already covered above that your Osteopath should be aware of ? E.g. Thyroid /Kidney/ ME / Pneumonia / Haemophilia/ Hiatus Hernia / MS / Fibromyalgia / Rheumatic Fever
		Migraines or Headaches? Circle Which Type? Tension / Sinusitis / Cluster/ MIGRAINE
		Do any of your family (Parents/Grandparents) have any of the following TB / Epilepsy / Asthma/ Heart/ Circulation problems/ Cancer/ Diabetes/ Glaucoma

