Allix Devenish H.Ba (KIN), M.O.M.Sc.

Osteopathic Manual Therapist

Please complete this Health History form as accurately as possible. These four pages will help to ensure that you receive a safe and effective treatment. If at any time your health status changes please let me know as soon as possible prior to your treatment. All information is strictly confidential and cannot be released to anyone without your written consent. If at any time you have any questions, feel free to ask.

Name: _____

Address : _____

City_____ Postal Code _____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ E-Mail :_____

Age_____ Date of Birth : _____

Occupation : _____

Family Physician: _____ Phone / Address: _____

Emergency Contact:_____ Phone:_____

Reason for Treatment:_____

Where did you hear about this clinic? _____

Please circle the conditions that apply to you:

Head and Neck

- Headaches
- Type_____
- Dizziness
- Earaches
- Sinus
- Neck Pain

Muscle & Joint

- Pain
- Swelling
- Limited Motion
- Fatigue
- Osteoarthritis
- Rheumatoid Arthritis
- Shoulder pain
- Hip pain
- Ankle pain
- Wrist pain
- Back Pain
  - Upper___ Mid___ Lower___

Women

- Menstruation
  - Painful
  - Heavy
  - Light
  - Normal
  - Irregular
  - Absent
- Pregnant
- Children # _____
- Menopause
- Hysterectomy

Respiratory

- Chronic Cough
- Shortness of Breath
- Asthma
- Bronchitis
- Emphysema
- Other (please specify)
- _____

Skin

- Sensitive Skin
- Rashes
- Acne
- Cold Sores
- Bruise Easily
- Varicose Veins
- Deep Vein Thrombosis
- Eczema / Psoriasis
- Recent Tattoos
- Recent Piercing
- Recent Stitches

Cardiovascular

- High Blood Pressure
- Low Blood Pressure
- Poor Circulation
- Heart Disease
- Heart Surgery
- Pacemaker
- Stroke
- Phlebitis

Digestive

- Poor Digestion
- IBS
- Diarrhea
- Constipation
- Difficult Digestion
- Liver / Gall Bladder
- Kidney / Bladder

Other

- Vision Problems
- Vision Loss
- Vertigo
- Hearing Loss
- Ear Problems (infections/ tubes)
- Hepatitis
- Type_____
- HIV
- TB

General Stress Levels

- High
- Moderate
- Low

Diet

- Regular Meals
- Irregular Eating
- Habits
- Caffeine
- Regular Alcohol use
- Recreational drug usage
- Smoke
- Pkg. Per Day?_____

Exercise

- Regular
- Occasional
- Little
- None

Previous Health Care

- Massage Therapy
- Chiropractic
- Physiotherapy
- Acupuncture
- Osteopathy
- Psychotherapy
- Other

_____

_____

Allergies_____

_____

Current prescription medications and reason for use

_____

_____

_____

Current herbal products and reason for use

_____

_____

_____

Date of accident or surgery :

_____

Description:

_____

_____

_____

_____

Date of accident or surgery:

_____

Description :

_____

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Date of accident or surgery:

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Description:

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Date of accident or surgery:

_____

Description:

_____

_____

_____

_____

Of Special Note: (Pins, Wires, Prosthetics, Walker, Cane ect.)

_____

Office Policies: It is strongly advised that you read and understand the office policies. If you have any questions, please ask! In signing this form you are fully aware and agree to all terms and conditions outlined in this document.

- 1) In becoming a client / patient it is understood that everything discussed and/or recorded is strictly confidential and no information may be released or discussed with anyone without your consent.

- 2) As a new patient / client it is necessary to have a full assessment performed. This is required so that a relevant, safe and effective treatment may be rendered. Assessment may take from 15 minutes to 30 minutes of the first session.

- 3) It is not the policy of this practitioner, Allix Devenish, to work in conjunction with any legal claims.

- 4) Payments are to be made in either cheque or cash form. Payment for services is due upon completion of the session or treatment. Cheques returned (NSF) will be subject to a service fee of $25.00. Letters or medical letters may be provided for a fee of $100.00.

- 5) Please be considerate and allow 24 hours notice if you are unable to make your appointment so that others may receive treatment in your place. Missed appointments without notice will be issued a full charge of the time scheduled, except in the event of severe illness or family emergency.

- 7) Please arrive 10-15 minutes prior to your scheduled appointment time. In the case of late arrivals it is fully understood that only the time remaining for your scheduled treatment will be allotted unless additional time is available.

- 8) Osteopathic Manual Therapist, Allix Devenish, is educated and trained to work exclusively without the use of drugs or surgery and uses manual methods for structural assessment and treatment. No high velocity low amplitude (HVLA) thrusting techniques will be administered to adjust or manipulate the human skeleton system. An Osteopathic Manual Therapist in this contact is different from an Osteopathic Physician (DO) who is able to administer drugs and prescribe various body scans to their patients. If you have any questions about this, please ask for clarification.

- 8) In signing this document, you are giving full consent to assessment and treatment on this date and for any treatments that may follow. You are aware that you are taking on responsibility for any of the effects, which may take place during or following the treatment today or in the future. In signing this document you also agree to all the terms and policies at this office and have disclosed all information throughout the health history form that could possibly have an effect on your treatment outcome.

- 9) In signing this document you understand and agree that Allix Devenish is not responsible for any slips, trips, falls or injuries that a person may have while within clinic premises at 42-72 Hunter Street, LIC.

- 10) Patients / Clients under the age of 18 must have a parent or legal guardian accompanying them for the initial assessment /treatment. If a client is under the age of 16 a parent or legal guardian must be present for all assessments and treatments that may follow.

Name_____

Signature_____ Date_____

This area is reserved for clinical notes by your Osteopath during assessment