



# FREMANTLE OSTEOPATHIC CLINIC

## ADULT PATIENT INFORMATION AND HISTORY FORM

PRIVATE & CONFIDENTIAL

OFFICE USE

INFORMED CONSENT DATE :

NAME

ADDRESS

MOBILE/PHONE

DATE OF BIRTH

OCCUPATION

LEISURE ACTIVITIES

CONCESSION  YES  NO

HEALTH INSURANCE?  YES  NO

ARE YOU AN EPC/  
Team Care Patient?  YES  NO

IF YES MEDICARE NUMBER

GP DETAILS

EMAIL(OPTIONAL)

HOW DID YOU FIND US?

MAIN REASON FOR COMING

ACCIDENTS/ INJURIES/ BROKEN BONES/ CONCUSSION

SURGERY/HOSPITALIZATION + WHEN

SERIOUS ILLNESS +WHEN

MEDICATIONS & SUPPLEMENTS

OTHER HEALTH ISSUES (CURRENT AND PAST) PLEASE TICK + BRIEF DESCRIPTION

- HEADACHE/MIGRANE
- SINUSES
- EARS
- DIZZY/VERTIGO/FAINTING
- THYROID
- SLEEP
- HEART/CIRCULATION/BLOOD PRESSURE
- BREATHING
- PTO
- STOMACH/DIGESTION(BLOATING/NAUSEA/PAIN/INDIGESTION)
- BOWELS(CONSTIPATION/DIARRHEA)
- BLADDER
- REPRODUCTIVE/MENSTRUAL
- DENTAL; BRACES/EXTRACTIONS/ROOT CANALS/CROWNS/DENTURES
- TEETH GRINDING
- OTHER

BRIEF DESCRIPTION

OTHER AREAS: (PAIN,TINGLING,NUMBNESS,WEAKNESS)

- HEAD/JAW
- NECK & SHOULDERS
- ARMS/HANDS
- CHEST
- ABDOMEN
- BACK / LOW BACK
- HIPS / LEGS / FEET
- OTHER

PLEASE TICK IF YOU HAVE NOW OR EVER: (+ WHEN)

- ASTHMA

- CANCER
- CHRONIC FATIGUE / UNUSUAL FATIGUE
- DIABETES
- EPILEPSY
- FIBROMYALGIA
- HEPATITIS
- HIV
- MENINGITIS
- MENTAL HEALTH / ANXIETY / DEPRESSION
- RECENT WEIGHTLOSS/GAIN
- STROKE
- OTHER