

**Osteopathy Patient Intake Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** DD/MM/YY \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Phone #:** (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred contact:** Business # \_\_\_\_ Cell# \_\_\_\_ Home# \_\_\_\_ Email \_\_\_\_

**Occupation:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**Health History**

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Surgeries (Please list and date):** \_\_\_\_\_

**Please list the presence and location of any internal pins, wires, artificial joints of special equipment:** \_\_\_\_\_

**Motor Vehicle Accidents? YES NO**

**Date:** \_\_\_\_\_ **Site of Injury:** \_\_\_\_\_

**Other Accidents/Traumas? YES NO**

**Date:** \_\_\_\_\_ **Site of Injury:** \_\_\_\_\_

**Please check off all applicable boxes below (past and current):**

**Cardiovascular**

- High blood pressure
- Low blood pressure
- Heart disease
- Myocardial infarction
- Phlebitis
- Cardio-vascular accident
- Stroke
- Pacemaker
- Varicose veins
- Blood clots
- Osteoarthritis
- Lymph edema

**Digestive**

- Constipation
- Gas/bloating
- Nausea/vomiting
- Irritable bowel syndrome
- Liver/gall bladder
- Kidney/bladder

**Musculoskeletal**

- Bone or joint disease
- Tendonitis
- Bursitis
- Fractures
- Osteoarthritis
- Rheumatoid arthritis
- Sprains/strains
- Swelling
- Stiffness
- Spasms/cramps
- Pain (check area)
- \_\_Jaw \_\_Neck \_\_Shoulder
- \_\_Elbow \_\_Wrist \_\_Hip
- \_\_Knee \_\_Ankle \_\_Back

**Infectious Diseases**

- Hepatitis
- Tuberculosis
- HIV

**Skin**

- Allergies (anaphylactic)
- Rashes
- Athletes foot
- Warts
- Eczema/psoriasis
- Other (contagious)

**Respiratory**

- Chronic cough
- Bronchitis
- Shortness of breath
- Asthma
- Emphysema
- Smoking

**Reproductive**

- Pregnancy (trimester \_\_ )
- PMS

**Nervous System**

- Herpes/shingles
- Numbness/tingling
- Chronic pain
- Fatigue
- Sleep disorder
- Loss of sensation

**Other**

- Drug/alcohol addiction
- Nicotine/caffeine addiction
- Diabetes
- Vision/hearing loss
- Headaches/migraines
- Cancer
- Epilepsy
- Allergies (please list)

