

Clinic Record Printable Version

First name *: _____ Last name *: _____

Date of Birth *: _____ dd / mm / yyyy

CASE HISTORY

Complaint *

Onset: _____ Known cause: _____

Daily pattern: _____ Aggravating factors: _____

Relieving factors: _____ Progression: _____

Previous history

Previous treatments undertaken: _____ Other information: _____

Symptom location

Patients hopes/expectations form appointment *:

Did you explain the proposed examination plan and the risks of examination/treatment including risks of soreness and serious adverse events? *

☐ Yes ☐ No

Did the patient give verbal consent to examination *

☐ Yes ☐ No

My Osteopath has explained their proposed examination plan to me. They have given details of the risks of examination and potential treatment, including the risk of soreness and serious adverse events. I fully understand the implications and give my consent to examination and treatment.

Patient signature *

EXAMINATION

Red flags: _____ Differential Diagnosis: _____

Examination plan

- | | |
|-------------------------------------|--|
| ☐ PA | ☐ Gen Obs |
| ☐ CSP | ☐ TSP |
| ☐ LSP | ☐ SIJ |
| ☐ RIBS | ☐ TMJ |
| ☐ SC | ☐ AC |
| ☐ GH | ☐ SCAP |
| ☐ Elbow | ☐ Wrist/hand |
| ☐ Hip | ☐ Knee |
| ☐ Ankle/foot | ☐ LEX Neuro |
| ☐ UEX Neuro | ☐ Other Special tests |

Examination findings *

Diagnosis *: _____

Discussed treatment options

- ☐ Soft tissue techniques
- ☐ Muscle energy techniques
- ☐ Joint articulation
- ☐ Joint manipulation
- ☐ Exercise prescription
- ☐ Activity modification
- ☐ Non-treatment
- ☐ Referral

Discussed intended benefits of treatment *

- ☐ Reduce or resolve symptoms
- ☐ Resumption of normal activities
- ☐ A preventative measure to minimise risk of injury
- ☐ To further aid in diagnosis

Re-discussed the potential risks previously stated *

☐ Yes ☐ No

Did the patient give verbal consent to treatment? *

☐ Yes ☐ No

Action ***Advice ***

Plan *

Notes for next session

Signature (Osteopath) *

Name (Osteopath) *: _____ Date *: _____ dd / mm / yyyy