



Kootenay Osteopathy

Insurance

We do not bill insurance providers directly. Please request a receipt and submit a claim to your insurance provider.

Do you require a receipt? Yes / No

Patient Information

Name: _____ DOB: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____

Phone (day): _____

Phone (evening): _____

Email: _____

Doctor

Family Doctor Name: _____

Family Doctor Phone: _____

What Brings You Here?

Current Medical Conditions

List any medical diagnoses or concerns you have currently:

Medical History (injuries and surgeries)

Medications / Herbs / Supplements

List any prescriptions or herbal supplements you take:

Allergies

List any allergies and/or sensitivities:

Exercise

_____ Sedentary _____ Mild _____ Occasional _____ Regular

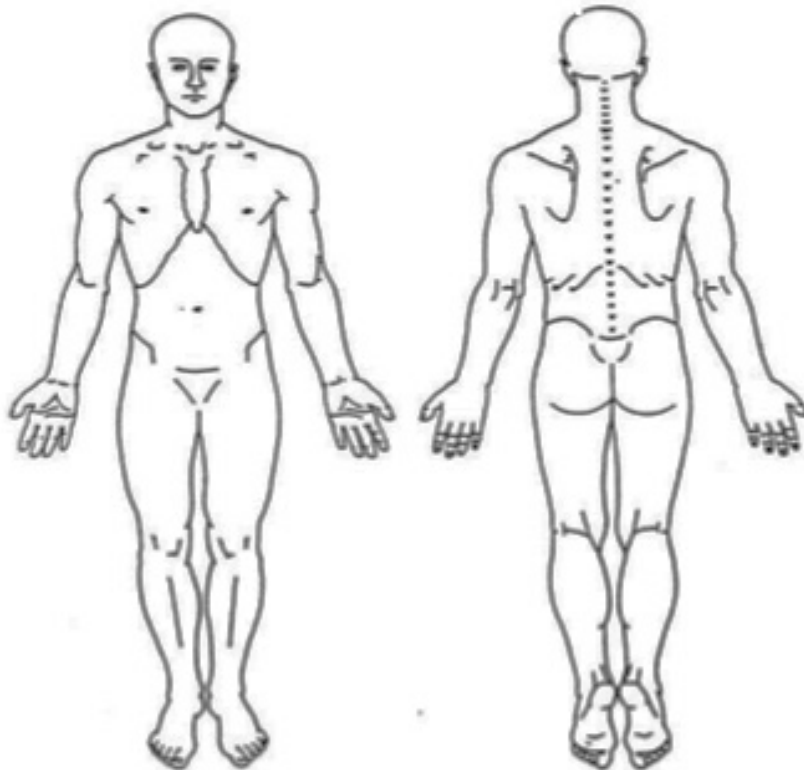
Which types of exercise do you do:

Describe Your Diet

_____ Caffeine _____ Alcohol _____ Sugar _____ Tobacco

Discomfort

Mark the areas on the diagram where you feel discomfort:



Do the symptoms radiate into the arms or legs? Yes No

Describe the pain (sharp, shooting, throbbing, stiffness, dull, aching, burning, tingling, numbness, cramping, swelling, other):

Please mark a line on the scale to describe your level of discomfort. If you are describing more than one symptom, indicate the level of pain of each.

Symptom: _____

No Pain-----Worst Possible Pain

Symptom: _____

No Pain-----Worst Possible Pain

Symptom: _____

No Pain-----Worst Possible Pain

How long do the symptoms last? _____

How often do you experience them? _____

Is your pain worse during any particular part of the day or night?

Which activities or conditions seem to make your symptoms worse?

What tends to make you feel better? _____

How did you hear about Kootenay Osteopathy? _____

Manual Osteopathic Sessions

Manual osteopathic methods are widely recognized as some of the safest, drug-free, non-invasive therapies available for neuromusculoskeletal and joint complaints. Although manual osteopathic procedures have an excellent safety record, no health procedure is completely free of potential adverse effects. The risks associated, however, are very small. Many patients feel immediate relief, but some may experience mild soreness or aching, just as they do after some forms of exercise or massage. Current literature shows that minor discomfort or soreness typically fades within 24 hours.

INFORMED CONSENT TO MANUAL OSTEOPATHIC CARE:

I hereby request and consent to osteopathic sessions with Eli Mead.

I have had the opportunity to discuss with Eli Mead any questions or concerns that I have regarding my condition and any procedures to be administered. I understand that the results are not guaranteed.

I understand and am informed that there are some very slight risks, including but not limited to muscle aches and soreness. I do not expect Eli Mead to anticipate and explain all risks and complications and I wish to rely on him to exercise his judgment. I understand that all procedures are in my best interests.

I have read the above consent. I have also had the opportunity to ask questions about its content and by signing below, I agree to the above-named procedures. I intend this consent form to cover any and all sessions with Eli Mead. Should I choose to withdraw consent, I agree to inform Eli Mead in writing.

Patient Signature _____

Date Signed _____

Witness Signature _____

Date Signed _____