



Dr Della Buttigieg & Associates

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Ph. 03 8370 3044

Name: _____

Address: _____ Post code: _____

Telephone: _____ E-mail: _____

D.O.B: _____ Occupation: _____

Sports/Hobbies: _____

Who is your GP? Name: _____ Phone: _____

Address: _____

Emergency contact: _____ Phone: _____

Do you have private health insurance? Yes No

How did you find us? Friend/Family Referral Name: _____

Practitioner Referral Name: _____

Walking Past

Google What did you search? _____

Facebook

Melbourne Osteohealth is striving to provide the highest quality, comprehensive care.

Our goals are to identify the issues that brought you to this practice, treat the cause of your condition (not just the symptoms) and to offer you premium health services and the opportunity of improved health potential in the future.

Answering the following questions will give us a profile of your health and ensure that we optimise your outcomes.

Informed Consent

Manual Therapy – Osteopathy, Myotherapy, Remedial Massage:

Manual therapies such as Osteopathy and Myotherapy are recognised as a largely safe & effective approach for the management of a range of musculoskeletal conditions. It is however, important to recognise that there are risks associated with all health care interventions and that all patients must be made aware of these.

The most common side effects of treatment are minor and include local soft tissue tenderness for up to 2-3 days after treatment, headaches & a lack of symptom relief. Much rarer risks include but are not limited to: nausea, dizziness, fractures, nerve damage, strokes (or similar episodes) and aggravation of an underlying condition.

Your therapist is trained to identify risk factors for such events & with careful questioning and examination will modify your treatment to reduce the likelihood of such effects. It is important to note however that in very rare cases these side effects can be long term or even permanent.

If you have any questions or concerns about these potential risks please discuss them with your therapist, who can explain why this may happen & how to reduce the risk of this happening to you. Your alternatives to this treatment include no treatment, standard medical and/or orthopaedic/surgical treatment and physiotherapy.

Patient Initial

Intramuscular Dry Needling:

Dry Needling can be an effective tool to help relieve musculoskeletal pain and improve function, however there are some potential risks and side effects that may occur.

These include minor reactions like pain at the needle site, aggravation of symptoms and next day pain. Rarely, more serious adverse reactions may occur including fainting, broken needles requiring surgical removal, or damage to organs such as punctured lung.

Patient Initial

Exercise Physiology and Rehabilitation:

Exercise based interventions are shown to be an effective approach to injury rehabilitation, disease prevention and health promotion. There are some potential side effects that you should be made aware of.

These include, but are not limited to muscle soreness over the next 2-3 days, fatigue, or exacerbation of your pain. During your sessions you may experience symptoms such as increased heart rate and breathing rate, breathlessness or discomfort that is associated with effort.

It is important that you disclose your complete medical history, current medical conditions, injuries that may be exacerbated by exercise and any pain or discomfort during your sessions so your therapist can ensure your safety and optimal outcomes.

Patient Initial

Cancellation Policy: We require 24 hours prior notice for any appointment changes.

If such notice is not provided, a 50% cancellation fee may be charged.

We'll happily provide you with appointment reminders to help in this regard:

Email

Text

1. I have read & understood the above risks associated with Osteopathic treatment.
2. I have been given the opportunity to ask questions regarding the above risks.
3. I consent to such treatment but know I'm free to withdraw my consent at anytime.
4. I will disclose all requested information pertaining to my medical history.
5. I understand the cancellation policy & agree to pay any charges incurred by failure to provide sufficient notice of any change.
6. I have been given the opportunity to read the Melbourne Osteohealth terms and conditions of service.
7. I understand that Melbourne Osteohealth is a multidisciplinary clinic, and that my personal health information is shared between all practitioners involved in my healthcare.
8. I give permission to the practitioners of Melbourne Osteohealth to contact my GP regarding my treatment & management.

Signature: _____

Name: _____

Date: / /

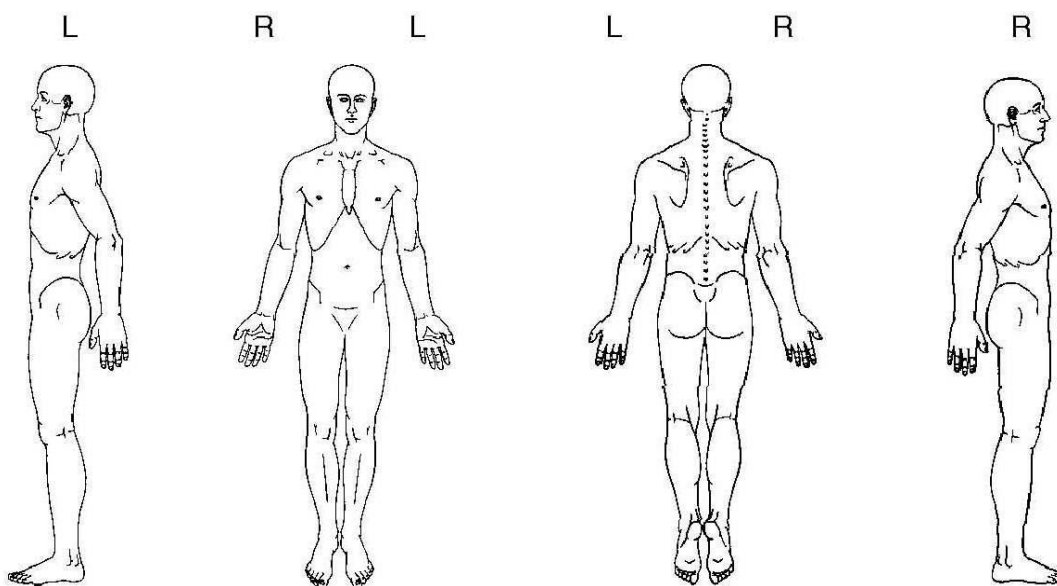
Practitioner to initial

**CONFIDENTIAL
PATIENT CASE HISTORY**

What is the reason for seeking our services today?

What do you hope to achieve specifically from treatment? (Include goals and timelines)

Draw on the sketch below the area where you feel your problem to be.



Can you describe the pain? Please circle the following

Achy Dull sharp Shooting Throbbing Heavy Other: _____

Are there specific activities that you cannot do or aggravate your pain?

Did anything happen that started the problem? (e.g. a fall, car accident, lifting something etc.)

How long have you had this problem? _____

Since the problem started is it:

About the same Getting better Getting worse

Does it interfere with: Work Sleep Walking Sitting Hobbies/Sport

Have you seen other doctors for this problem? Please provide details.

Medical Doctor _____

Specialist / Surgeon _____

Physiotherapist / Chiropractor _____

Other _____

Do you have or have you ever had any of the following conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Ankylosing Spondylitis | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Spondylolisthesis | <input type="checkbox"/> Spinal Surgery | <input type="checkbox"/> Spinal fracture |
| <input type="checkbox"/> Ligament rupture/instability | <input type="checkbox"/> Spinal Disc Problems | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Spinal Trauma | <input type="checkbox"/> Spinal Hypermobility | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Unsteadiness | <input type="checkbox"/> Bone/Joint Infection | <input type="checkbox"/> Pins & Needles |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Heart Disease/Angina | <input type="checkbox"/> Dislocations |
| <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Double Vision | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer/Malignancy | <input type="checkbox"/> Numbness | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Difficulty Working | <input type="checkbox"/> Weakness |

Please list any other medical conditions you have been diagnosed with:

Please list any medications you are taking: _____

Melbourne Osteohealth Clinic Policy

Our goal is to deliver you the best care possible in a friendly, prompt and professional manner. Our experience has shown that there are some key areas we need to focus on to ensure that you receive the greatest benefit from your treatment time with us. These areas are addressed in this document. Please take the time to read it and sign as indicated.

Housekeeping

Mobile phones: So that you make the most of your allotted treatment time, it is requested that you change your phone setting to silent or turn it off prior to treatment.

Recovery: Healing and recovery takes time. If at any time during your care you do not feel you are responding as well as expected, please discuss this with your practitioner. We want you to get the most from your time with us.

Referrals: The greatest compliment you can give us is the referral of a friend or family member. Referrals are much appreciated. Ask us today about our referral rewards program, our way of thanking you for telling others about us.

Appointment schedule: Your practitioner will work with you to identify a recommended action plan to get you feeling better as quickly as possible. You will achieve the best outcomes when you keep to this recommended action plan. We are a busy practice, so that you get the time that suits your busy schedule, we ask that you pre book your appointments to be sure that you do not miss out.

Bathroom facility: Our bathrooms are located upstairs. Please ask our friendly staff to direct you.

Treatment

Safe treatment requires that our therapists obtain a detailed knowledge of your current medical status & history and conduct a full physical examination in order to diagnose, treat and/or refer you on appropriately.

You may be seen by various therapists at MOH but bear in mind the following, regardless of therapist:

- a) you will always have the opportunity to discuss your health condition and proposed management plan prior to any treatment being rendered
- b) you may refuse treatment or opt to seek a second opinion; your osteopath can discuss with you what alternative treatments may be available to you and what the likely outcomes of declining/delaying treatment may be
- c) there are risks inherent to osteopathic treatment as there are with any medical or physical intervention, through thorough history taking and assessment your practitioner will do everything possible to reduce these risks. Relevant risks will be discussed with you prior to obtaining your consent to treatment
- d) you are free to withdraw your consent and cease treatment as you see fit

Privacy

We value and respect your privacy; as such your contact details, personal and medical information will not be shared with any third parties unless:

- a) you request disclosure to other members of your medical team
- b) we are required to by law
- c) for debt recovery purposes

All information collected from/about you is for the express purpose of providing you the highest quality care possible.

Communication

We may use both SMS and email appointment reminders to keep you updated on appointments and we may from time to time send you e-newsletters, clinic updates and special offers.

If you wish not to receive these please let us know, you're free to opt out at any time.

Cancellations, Missed and Late Appointments

It is expected that a minimum of 24 hrs notice will be given if for some reason you cannot keep an appointment with us. Outside of hours a message can be left with our answering service.

In the case of a late cancellation a fee will apply equivalent to 50% of the scheduled fee for the cancelled appointment.

If you arrive late to an appointment but within your set appointment slot, we'll happily offer you a shorter appointment so as not to inconvenience those booked after you. The fee will remain as scheduled regardless of appointment duration.

If you miss your appointment altogether you will be charged the fee in full, if you fail to attend a session that has been prepaid as part of a treatment or pilates package, you will forfeit that session.

These policies exist to ensure that other patients are not denied treatment and to minimise both patient and therapist inconvenience. They apply to all patients regardless of treatment funding. For compensable patients, late or cancellation fees cannot be charged to TAC, VWA or Medicare and as such will be billed to patients directly.

Accounts and Billing

It is expected that all fees are paid in full at the time of consult and an administration fee will apply in all cases where payment is not received at the time of consult. This applies to compensable patients also; compensable patients will need to seek reimbursement from their relevant funding body.

Payment can be made in cash or by credit/eftpos card; in the case of electronic failure however, the onus is on the patient to pay in full at the time of consult.

Rebates may be applicable on consult fees but this will depend on individual circumstance and insurance coverage.

Our intent is not to deny health care services to anyone but rather to ensure a sustainable system that treats everyone fairly and allows us to deliver the highest quality care possible. If economic hardship prevents you from paying our published fees, please talk to your osteopath as your access to appropriate care is our priority. Any request for special consideration of fees will need to be made in writing to the practice principal.

Your commitment to us

In booking an appointment at Melbourne Osteohealth, you have agreed to the above terms and conditions so if there is any part of this policy that you don't understand or find confusing please don't hesitate to ask for clarification. We'll happily answer any questions you may have.

In addition to these statutory policies we'd also like to point out that our professional advice is based on a thorough clinical examination, information provided by you and the treatment goals you and your therapists decide upon. It is therefore essential that you provide us with all of the information available to you.

It is important that you acknowledge that following our professional advice and avoiding aggravation of your condition is ultimately your responsibility but we truly believe that if you follow our professional advice, together we can achieve excellent outcomes. We do however acknowledge that countless factors can influence treatment outcomes and the success of a rehabilitation program.

Our commitment to you

We have extensive experience and expertise in many areas of musculoskeletal health including spinal pain and injury, sports medicine and clinical pilates and rehabilitation.

Every osteopath in the Melbourne Osteohealth team is a postgraduate qualified, AHPRA registered osteopath.

We are members of peak professional bodies such as the Australian Osteopathic Association, the Chiropractic and Osteopathic College of Australasia and Sports Medicine Australia and we are committed to strict ethical codes and ongoing education to ensure that we provide you the best care possible.

In order to continue to provide the best, most up to date Osteopathic care available we travel periodically to conferences and seminars. To keep your progress on schedule we will attempt to give you appointments around these times or provide another highly qualified Osteopath to continue your care.

We're committed to providing you with evidence based, best practice clinical care and excellent customer service. Whatever your goals, we want to help you achieve them.

I have read and fully understand the clinic policy form;

Signed: _____

Name: _____

Date: _____