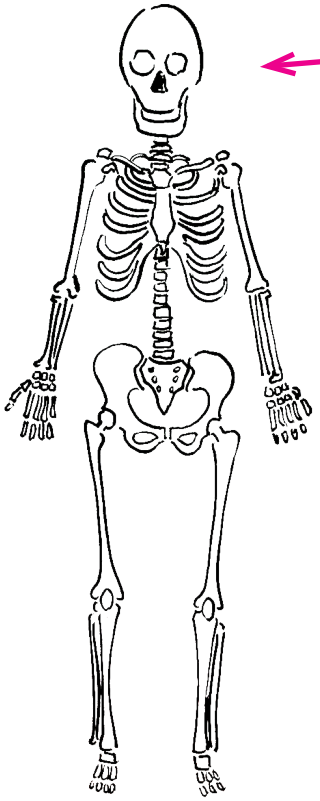
Prahran Osteopathic Clinic

NEW CLIENT QUESTIONNAIRE

Mr / Mrs / Ms / Miss (circle)	DOB
First Name	
Surname	
Address	
Mobile	
Email (Please provide if you wish to subscribe to our monthly newsletter)	

Occupation	
How did you hear about us?	
Briefly explain why you are seeking treatment?	
How long have you had the condition?	
Is the condition reccuring? Y / N Details	
Has it been treated previously? Y / N If yes, by whom	
Briefly describe any previous accidents, surgeries or illnesses	
List all current medications	



CIRCLE WHERE IT HURTS

Please ✔using the list below for any relevant past or present medical conditions.

Sleep		Eyes		Headaches /migraines	
Ears		Throat		Skin, hair or nails	
Heart		Sinus		Lungs	
Digestion		Mouth		Kidney / bladder	

Please add any further medical history below:

Your personal information and health record may be collected, used and disclosed for the following reasons: for communicating with other treating medical professionals, for follow-up/reminder calls, for discussion with third party insurers, accounting/Medicare/health insurance procedures, disease notification as required by law, for use by all Osteopaths in this practice when consulting with you and for legal disclosure as required by a court of law. if you have any concerns or wish to restrict access to your information, please discuss this with your Osteopath or receptionist. This practice adheres to National Privacy Principles (www.privacy.gov.au) and has a written policy available for your perusal. POSTEO008