



NEW PATIENT FORM

Name _____

Date of birth _____

Address _____

Occupation _____

Employer _____

State _____ Postcode _____

Email _____

Phone (M) _____

Referred by _____

(H) _____

Where did you hear about Christian Lutz Osteopathy? _____

(ie referral from friend, referral from practitioner, advertisement, social media, walk in, website or other)

What is the main purpose of your visit today? _____

Have you been to an Osteopath previously? yes no

If so, what for? _____

Do you have any existing medical conditions? _____

List any injuries, accidents, operations; _____

List any medications or supplements you are currently taking; _____

Do you suffer or have suffered from any of the following?

High or low blood pressure yes no

Breathing difficulty yes no

Stroke yes no

Skin conditions yes no

Headaches, migraines yes no

Allergies yes no

Cancer yes no

Digestive problems yes no

Further details _____

Do you smoke? yes no

Are you pregnant? yes no

List your sports, exercise activities; _____

GP Name: _____ GP Phone: _____

GP Address/Suburb: _____

I consent to Christian Lutz Osteopathy providing me with an Osteopathic Treatment.



Osteopathic care is recognised as being an effective and safe method of care for many conditions. However, you must recognise that there are risks with all health care procedures, which you should be informed about. All practitioners who use Osteopathic Manipulative Treatments on a patient are required to warn patients of the possible risks associated with those procedures. In very rare circumstances, some treatments of the neck may damage blood vessels and even give rise to stroke like symptoms. *(It is believed the risk may be approx. 1-2 strokes per 1,000,000 neck manipulations performed).*

Please read the following carefully;

1. It has been explained to me that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have discussed with my Osteopath the rare risks associated with my treatment which include but are not limited to muscle and joint soreness or strains, nausea, dizziness, fractures, disc injuries, strokes (or like episodes), dislocation, bleeding, bruising, inflammation and an exacerbation or aggravation of my underlying condition.
2. I have had the opportunity to discuss the proposed care with the osteopath (named below); I have disclosed all relevant health information. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed care and other alternative treatments and been given sufficient time to make a decision giving consent for the care to proceed.
3. I acknowledge that I am aware of and understand the potential risks. I appreciate that a result cannot be guaranteed.
4. I do not expect the Osteopath to be able to anticipate every potential risk and complication associated with the proposed treatment/procedure.
5. I hereby acknowledge my consent to the performance of the proposed Osteopathic care by the osteopath below. I understand that I can withdraw consent at any time in writing and that this consent form does not encompass the entire discussion I had with the Osteopath regarding proposed treatment.

Patients name..... Patients Signature.....

Osteopaths name..... Osteopaths Signature.....

Dated.....