PH (306) 373-5209 | FAX (306) 373-5207
#3, 1810 – 8th Street East | Saskatoon, SK S7H 0T6
contact@truepotentialhealth.com | truepotentialhealth.com

OSTEOPATHY PATIENT INTAKE FORM

First Name: _____ Last Name: _____

Address: _____

City: _____Province: _____ Postal Code: _____

Telephone (C): _____(H):_____(W): _____

Email address: _____

Date of birth: _____ I identify my gender as: _____

Occupation: _____

Emergency Contact _____
(Full name) (Relation) (Telephone)

How did you hear about the clinic? _____

Do you have a Family Physician: ○ yes ○ no

Name of Family Physician:_____

Reason for treatment: _____

Please select the conditions that you are currently experiencing or have experienced in the past

Soft Tissue/ Joints	Head Trauma	Respiratory
○ Neck ○ Shoulder ○ Upper back ○ Mid back ○ Low back ○ Arms ○ Chest ○ Legs ○ Knees ○ Hips ○ Feet ○ Hands ○ Face Other:_____	○ Migraines ○ Concussion ○ Tension headaches ○ Aneurysm Other:_____	○ Chronic cough ○ Shortness of breath ○ Bronchitis ○ Asthma ○ Emphysema ○ Pneumonia ○ Sinus problems Other: _____

Accident/ Injury	Infectious Disease	Gastrointestinal
○ Motor vehicle ○ Work related ○ Other: _____ ○ Date: _____ ○ Symptoms: _____ Physical Limitations: _____	○ Hepatitis ○ Infectious skin conditions ○ Tuberculosis ○ HIV Other: _____	○ Irritable Bowel Syndrome ○ Crohn's Disease ○ Constipation ○ Diarrhea Other: _____
Cardiovascular	Skin	Pelvic Conditions
○ High blood pressure ○ Low blood pressure ○ Heart attack ○ Pacemaker ○ Phlebitis/ Deep Vein Thrombosis ○ Stroke/ Cerebrovascular accident ○ Pulmonary Embolism ○ Heart Disease ○ Angina ○ Chronic congestive heart failure Other: _____	○ Bruise easily ○ Herpes ○ Varicose veins ○ Loss of sensation Other: _____	○ Pelvic pain ○ Pelvic floor prolapse ○ Polycystic Ovarian Syndrome ○ Prostate issues Other: _____ If pregnant How far along: _____ Due date: _____
Kidney/ Bladder	Other conditions	Paediatric Population
○ Urinary incontinence ○ Bladder infections ○ Kidney stones Other: _____	○ Neurological conditions ○ Epilepsy ○ Diabetes ○ Cancer ○ Arthritis ○ Insomnia ○ Depression ○ Anxiety ○ Multiple Sclerosis Other: _____	○ Ear infection ○ Trouble sleeping ○ Difficulty feeding ○ Colic ○ Plagiocephaly Other: _____

Current Medications and Conditions:

_____

_____

_____

Surgeries

Type: _____

Date: _____

Current symptoms:

_____

_____

Any pins/ wires or prosthetics? ○ yes ○ no

Lifestyle habits/ activities of daily living:

_____
_____
_____
_____
_____

Patient non-discrimination Policy

Equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, gender identity or gender expression.

Initials: _____

Lateness Policy

Clients are responsible for the time they reserve for their appointment. If you are late for your appointment, the appointment will still finish at the designated time.

Initials: _____

Cancellation Policy

When you book an appointment with a therapist, you are booking that therapists` time. In order to accommodate all our clientele, we need 24 hours notice preceding the scheduled appointment time of any cancellations and/ or rescheduling, so that we can offer your appointment time to others. If you are unable to make the appointment, we request that you notify us 24 hours in advance. If you do not call to cancel and /or reschedule before the 24 hour period, the full treatment charge will apply.

Initials: _____