

Be Well Clinic - Patient Registration.

Be Well clinic prides itself on a good record of patient communication and satisfaction, we take your experience as a patient seriously - which is why we take the time to inform you of your rights and responsibilities as a patient.

Please read and sign the document below.

Your osteopath will then come and talk to you, they will take you through a medical case history, listen to your story and then give you an examination. You may be asked to get undressed so the osteopath can examine your spine and posture.

Your osteopath will explain everything as they go along, you should have an understanding of why you have a problem and how that problem can be resolved. If you have any questions feel free to ask as the consultation continues.

Terms and Conditions.

Clinic Duties:

- Provide a professional, caring service for our patients.
- Listen to your individual experience.
- Take a full medical case history.
- Give you an understanding of your condition and advice to prevent re-occurrence.
- Communicate effectively and promptly.
- Refer you to other medical professionals where necessary.
- Uphold patient confidentiality and not share your details with anyone without prior consent.

Patient Responsibilities- As a patient of our clinic we ask you to accept the following standards:

- Arrive in good time for your appointments
- Inform the clinic of any changes in personal details/circumstances.
- Come suitably dressed and prepared for treatment.
- Communicate any concern you have to the osteopath
- Respect that the treatment of other patients is confidential
- Make a full disclosure of your state of health and circumstances so an accurate diagnosis can be made.
- Parking – please limit your stay to the duration of your appointment.

Treatment may be declined if these items are ignored.

Fees

The fees and payment methods for Osteopathy are displayed clearly on the clinic wall and website, you should familiarise yourself with these prior to treatment.

Cancellation Policy

If you no longer require a treatment please give 24 hours notice. We reserve the right to charge for appointments that are not attended or cancelled at short notice. Genuine problems will be considered at the discretion of the Osteopath, but repeat occurrences will be charged for at approximately half fee.

Examination:

You should be aware that Osteopathy is a hands-on therapy. Diagnosis is made by a combination of visual examination and palpation. You should feel that your dignity is preserved at all times

Intimate areas:

Quite often as part of an Osteopathic treatment the osteopath may require to manipulate an area that could be considered intimate. The definition of intimate is defined by the patient, if you are at anytime concerned please inform your osteopath. For some procedures the Osteopath may request written consent.

Right to a Chaperone:

The patient has a right to have a chaperone present if they wish, this should be arranged prior to treatment. If you are at all concerned inform the osteopath and the treatment can be re-arranged.

Valid Consent

Osteopathy is a very safe form of treatment with a good track record, but any form of treatment has side effects and risks. It is important that our patients understand these risk so they can give valid consent to treatment:

Common Adverse Reactions:

Mild effects are common. About half of all patients experience them. They are as common as getting "heads" when you toss a coin.

- Tenderness or stiffness
- Headache /Tiredness
- Light-headedness
- Numbness and tingling in the first 1-3 days after treatment, which then disappear.

Moderate Effects:

Moderate effects are quite common. These are experienced by about 1 in 100 patients, 99 in 100 patients (99%) will not have these effects. The risk is about the same as drawing an ace of spades from a pack of cards, or being injured in a fall on your stairs at home this year

- More severe pain
- Bothersome numbness and tingling lasting weeks or months

Serious Effects:

These are rare. Tens of thousands of people have been followed up after manipulative treatment and no serious effects have been observed. A few patients suffering a stroke had a neck manipulation some time before, but stroke also can be triggered by mild neck impact in sport, at the hairdresser, driving or sneezing.

The best estimate of the risk is 1 in 10 000 treatments. This is 1 person in capacity crowd at the football stadium at Southend, Bury or Luton. The risk is like the chance of finding a needle in a haystack. The risk is about as rare as dying in an accident at home. Requiring medical treatment, some effects may be longstanding or permanent:

- Stroke
- Nerve damage
- Muscular weakness
- Bowel and bladder weakness
- Death
- Fracture

Source: Communicating Risk of Treatment and Informed

Consent for Minors:

Patients under the age of eighteen are considered minors and need consent from a parent or legal guardian for medical treatment. Grandparents or step parents are not able to give valid consent, proof of consent from a parent will be necessary before treatment is granted.

I have read and understand the terms above and agree to the conditions of the clinic, I give my consent for Osteopathic treatment.

Name:

Signature:

On Behalf of a Minor I confirm that I am able to give valid consent for this individual:

Name:

Signature:

NB: Your statutory and legal rights are not affected by signing this document, all information is held in accordance with the data protection act. Information will be used to improve clinic performance.

Personal Details			
Miss Mrs Mr Dr Ms	D.O.B:	Occupation:	
Name:	G.P:	Home Tel:	
Address:	Medical Practice:	Work Tel:	
Post Code:	Email:	Mobile:	
	For changes of hours/ holiday opening/offers etc. <input type="checkbox"/>	text reminder service <input type="checkbox"/>	
How did you hear about us?			
G.P.	Yellow Pages	Friend	GOSc
Bt Phone Book	Poster	Relative	BOA
Leaflet	Local Advert	Google	Passed by The Door
Other(please state):			
Your condition: (please describe in your own words)			
Is your condition? (please circle)			
Getting worse	Staying the Same	Improving	Intermittent
Are you signed-off work? (please give dates)			
Are you claiming through an insurance company? (please give details)			
How long have you been suffering from this complaint? (please circle)			
Days	Weeks	Months	Years

Q1 Over the past few days, on average, how would you rate your pain on a scale where '0' is 'no pain' and 10 is the worst imaginable.
Low 0 1 2 3 4 5 6 7 8 9 10
Q2 Over the past few days, on average, how has your complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping)? -on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'
No interference, 0 1 2 3 4 5 6 7 8 9 10
Q3 Over the past few days, on average, how much has your painful complaint interfered with your normal social routine including recreational, social and family activities? - on a scale where '0' is 'no interference' and '10' is 'completely unable to participate in any social and recreational activity'
No interference, 0 1 2 3 4 5 6 7 8 9 10
Q4 Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling? -on a scale where '0' is 'not at all anxious' and '10' is 'extremely anxious'
Not at all depressed, 0 1 2 3 4 5 6 7 8 9 10
Q5 Over the past few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling? -on a scale where '0' is 'not at all depressed' and '10' is 'extremely depressed'
Not at all depressed, 0 1 2 3 4 5 6 7 8 9 10
Q6 Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your painful complaint? -on a scale where '0' is 'make it no worse' and '10' is 'make it very much worse'
Make it no worse, 0 1 2 3 4 5 6 7 8 9 10
Q7 Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your pain on your own? -on a scale where '0' is 'I can control it completely' and '10' is 'I have no control whatsoever'
I have complete control over my pain, 0 1 2 3 4 5 6 7 8 9 10

Thanks for your time – this information is used to improve clinic performance.