

# Osteopathy

Dr. Lisa Barker

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Nationality: \_\_\_\_\_ Gender: M / F  
Occupation: \_\_\_\_\_ Sports/Hobbies: \_\_\_\_\_ Children: \_\_\_\_\_  
GP: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Health Cover: \_\_\_\_\_ Concession: \_\_\_\_\_

## Operations and/or hospitalisations (when and what for):

---

---

---

## Illnesses/diseases (current or previously diagnosed):

---

---

---

## Allergies and drug history (current or previous long term drug/medication use):

---

---

---

## Smoker:

Y / N If yes, how many per day \_\_\_\_\_

**C.O. Site, Quality, Intensity, Depth, Constant, / Intermittent. Se & Mo Rad/Ref.**

**Dominant**

Hand

## Foot

Sleep: (unbroken hours)

**H.P.C. Onset, progression 24 hour behaviour. Previous episodes.**

**Aggravates:**

**Relief:**

### No Effect:

### Previous Investigations:

## SYSTEMIC ENQUIRY

**CVS and RESP** (HT, chest pain, palpitations, edema, SOB, cough)

---

---

---

**G.I.** (swallowing, heartburn, abdo pain, bloating, nausea, vomiting, bowel habit, weight loss, diet)

---

---

---

**G.U.** (Male – dysuria, nocturia, stream, dribbling, discharge)  
(Female – UTIs, menarche/menopause, menorrhagea, regularity, HRT, pap smear/swabs/ops)

---

---

---

**CNS** (sight, dizzy, light headed, blurred vision, hearing, power loss, P&N, N&T)

---

---

---

**ENDO** (hot/cold intolerance, hair loss, skin changes)

---

---

---

**PSYCH / SOC**

---

---

---

**MUSC / SKEL:**

Fam Hx: (arthritis, diabetes, infections, heart disease, cancer)

---

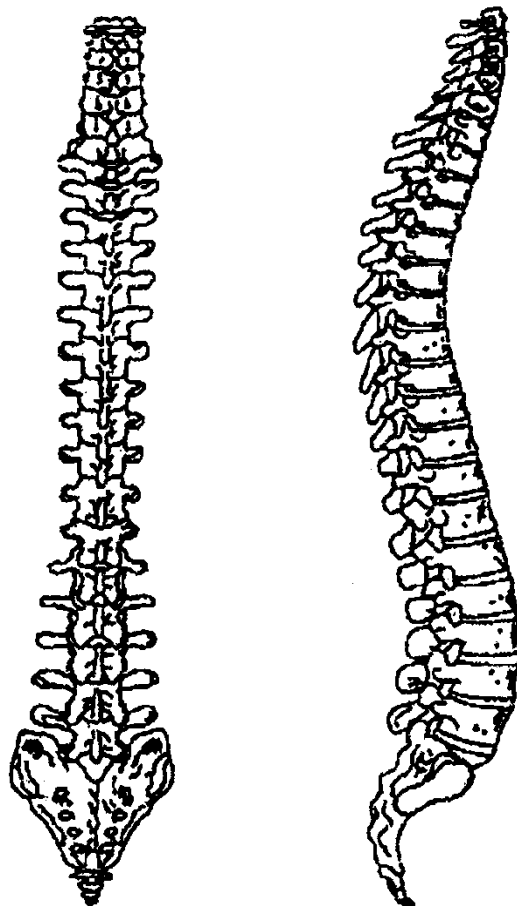
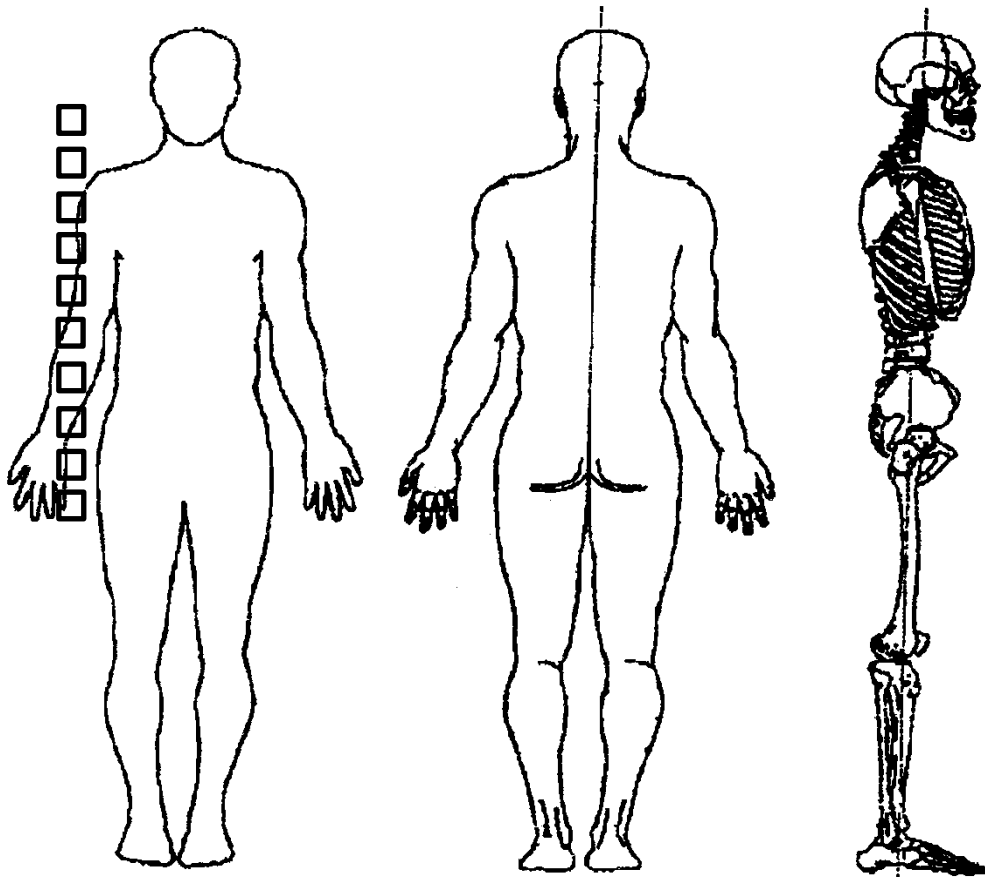
---

Pt:

---

**MUSCULAR SKELETAL CHART**

**FINDINGS**



**BP**

**Special Tests:**

Compression / Distraction

VBI  
Ligament stability  
ULTT 1-4  
GH Abduct  
Slump  
SLR 1-5  
PKB  
Cranial Nerve  
Other

**Working / Provisional Diagnosis:**

---

---

---

---

**Initial Treatment:**

Myofascial: \_\_\_\_\_

Counterstrain: \_\_\_\_\_

Soft tissue/inhibition: \_\_\_\_\_

Articulation: \_\_\_\_\_

MET: \_\_\_\_\_

LVLA: \_\_\_\_\_

HVLA: \_\_\_\_\_

Cranio-sacral balance: \_\_\_\_\_

**Advice:**

Breathing: \_\_\_\_\_

Cx 1-2-3-4: \_\_\_\_\_

Tx rot/sb: \_\_\_\_\_

K2C: \_\_\_\_\_

1K2C: \_\_\_\_\_

S2S: \_\_\_\_\_

Glut Sup: \_\_\_\_\_

Piriformis: \_\_\_\_\_