



Sage health and Wellness
 12 Irwin avenue, suite 200
 Toronto, ON
 M4Y 1K9
 Telephone: 416-926-8794
 Email: sage@sagehealthandwellness.com

Osteopathy Assessment Form

For children between the ages of 24 months and 12 years

CONTACT DETAILS

Child's first name: _____ Mobile tel.: _____
 Child's last name: _____ Home tel.: _____
 Parent name : _____ Work tel.: _____
 Address: _____ E-mail : _____
 Postal code: _____ Date of birth : _____
 Occupation: _____ Age : _____
 Permission to discuss your child's care and treatment with other health care providers?
 Yes : _____ No : _____ Initial : _____

Reason for today's visit : _____

For patient's under 16 years of age, the signature off a parent/guardian is required:

I give consent for _____ to receive Osteopathic treatment.
 Name of parent/guardian: _____ Signature: _____

Child's Health & Lifestyle

Has any other treatment been sought for this complaint? Yes / No _____

Have there been any tests/scans/x-rays for this complaint? _____

Does the child have any medical conditions? Yes / No : _____

If so, please give details : _____

Please list current medications including medications, vitamins/supplements and anti-inflammatory : _____

Is the child receiving immunizations? Yes / No

Has the child been hospitalised or had any surgery or traumas (including broken bones & sprains) or car accidents? If so, please give details including dates : _____

Does the child have any medical implants or prosthesis (pacemaker, metal pins, etc) ? _____

Does the child have any allergies? Please give details : _____

How old was the child when they began (if applicable) : Crawling _____ Walking _____ Toilet Training _____

Is there any history of bedwetting ? Yes / No

Does the child have regular sleeping patterns ? Yes / No

Does the child show any behavioural problems? Yes / No

If so, please give details : _____

Does the child exercise ? Yes / No

What type and how much ? _____

Does the child had any dental work done ? Yes / No

Has the child recently had a growth spurt ? Yes / No

In the past 6 weeks, has the child experienced:

- Chest pain_____
- Cough/Wheeze _____
- Weight loss or weight gain_____
- Blood or mucus in the stool_____
- Headaches_____
- Fainting_____
- Fevers or Chills _____
- Change in bladder habits_____
- Vomitting_____
- Changes in vision_____
- Heartburn or indigestion_____
- Shortness of breath/Trouble breathing_____
- Heart palpitations/irregular pulse_____
- Increased thirst_____
- Fatigue_____
- Dizziness_____
- Breath holding_____
- Change in bowel habits_____
- Abdominal pain_____
- Ringing in the ears or defness_____
- Joint pain or swelling or stiffness_____

Birth Details:

Were there any medical problems during the pregnancy?
If so, please give details : _____

At how many weeks was the baby born? _____
What was the delivery by : vaginal birth _____ or caesarian _____
If caesarian, why? _____
Was the child in the breech position? _____
Were forceps or suction used? _____
Was the baby kept in hospital longer than the mother? Yes /No
If so, please give details : _____

Is/was the baby breastfed? Yes / No
For how long? _____
Is/was the child bottle fed? Yes / No
For how long? _____
If yes, Any reactions? _____
Following the birth, did the baby have any of the following:
Jaundice _____ Antibiotic treatment _____ Rash _____ Blue Spells _____ Convulsions _____

Family History:

Please circle any family history of the following (and who had the condition):
Cancer Heart disease Circulation problems
Asthma Migraine Liver disease/Hepatitis Epilepsy/Seizures
Incontinence Urinary infections Arthritis
Diabetes Thyroid disease HIV/AIDS
Kidney disease Mental Disorder (including depression)
Any other Significant family history? _____

Terms and conditions:

The therapy service and subsequent treatment program we devise for you is based upon our sound teaching practice and the information you have provided about yourself when filling out this medical screening questionnaire. You must therefore inform us about any change in your medical condition as soon as you become aware of it. I accept the above terms and conditions and agree to abide by them:

Signed: _____

Date: _____