



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

## Osteopathy Assessment Form

### YOUR CONTACT DETAILS

Title Mr/Mrs/Miss/other: \_\_\_\_\_ Mobile tel.: \_\_\_\_\_  
First name: \_\_\_\_\_ Home tel.: \_\_\_\_\_  
Family name : \_\_\_\_\_ Work tel.: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail : \_\_\_\_\_  
Postal code: \_\_\_\_\_ Date of birth : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Age : \_\_\_\_\_  
Contact person and phone number in case of emergency : \_\_\_\_\_

### 1-YOUR CURRENT MEDICAL HISTORY

**Do you suffer from or have you been diagnosed with any of the following?**

| Yes | No  | If yes, please give details:  |
|-----|-----|---|
| ___ | ___ | Are you taking any regular medications? _____   |
| ___ | ___ | Diabetes? If yes, please indicate: IDDM (type 1) ___ NDDM (type 2) ___                            |
| ___ | ___ | High blood pressure If high, are you taking diuretics, anti-hypertensives or Beta-blockers? _____ |
| ___ | ___ | Epilepsy? If yes, have your seizures been stabilised on medication? _____                         |
| ___ | ___ | Asthma or other breathing problems? _____   |
| ___ | ___ | Have you been diagnosed with osteoporosis? _____  |
| ___ | ___ | Do you have any joint replacements? _____   |
| ___ | ___ | Do you suffer from digestive complaints (ulcers, reflux, colitis etc)? _____                      |
| ___ | ___ | Have you noticed any bowel or bladder dysfunction? _____  |
| ___ | ___ | Have you noticed any recent unexplained weight loss? _____  |
| ___ | ___ | Have you been diagnosed with any form of cancer? _____  |

Your menstrual cycle:  
regular : \_\_\_\_\_ irregular : \_\_\_\_\_ PMT: \_\_\_\_\_ Amenorrhoea : \_\_\_\_\_ Endometriosis : \_\_\_\_\_

### 2-YOUR PREGNANCY HISTORY (WHERE APPLICABLE)

**This section applies to anyone who is or has been pregnant**

Are you or could you be pregnant now? \_\_\_\_\_  
If yes, when is your due date? \_\_\_\_\_  
Have you had any previous pregnancies? \_\_\_\_\_  
Please list delivery year(s): \_\_\_\_\_  
Previous delivery methods:  
natural : \_\_\_\_\_ cesarean : \_\_\_\_\_ assisted : \_\_\_\_\_ forceps : \_\_\_\_\_ episiotomy : \_\_\_\_\_  
Were there any complications? \_\_\_\_\_