



# Hands On Care

## OSTEOPATHIC PRACTICE

Wessex Health Network, 17 Stour Road,  
Christchurch BH23 1PL

### New Patient Form - Confidential

Welcome to Hand on Care Osteopathic Practice. Please note the following information and fill out your details overleaf:-

- On the first visit we will take a detailed case history including a full medical history. Then, depending on the location of the problem, we will usually want to make a full examination of the spine or the region where there is pain. This may involve undressing to your underwear, a gown can be provided if you wish. You can wear shorts and a T-shirt if you prefer.
- You are welcome to bring a friend or relative with you into the treatment room if it makes you feel more comfortable. **Under 16s must be accompanied by a parent or guardian.**
- Please note that in some instances, case history taking and examination may take up most of the time on the first visit. However, because the initial appointment is 1 hour there is normally time to provide treatment at the first visit.
- At the end of the first consultation/examination a detailed explanation of the diagnosis and proposed treatment will be given to you. Please do not hesitate to ask any questions about anything that you do not understand.
- You will be advised on the approximate number of sessions you may need however, this may be difficult to accurately predict at the initial consultation as there are numerous factors involved in developing a prognosis.
- Please bring with you a note of any medications either prescribed or "over the counter" including any homoeopathic or herbal remedies you are using. It will aid in assessing your condition and in reaching a correct diagnosis.
- Treatment is individual to each patient. Treatment often involves a combination of soft tissue massage, joint mobilisation and high velocity thrust techniques. Medical acupuncture may also be used with your consent.
- You are free to stop the consultation, examination or treatment at any time.
- It is possible that you may feel slightly "achy" or sore for a few days following treatment. This is not uncommon but if you have any concerns please contact the clinic.
- The current fees are £56 for your first visit which will normally last approx 1 hour and £45 for subsequent visits, which will normally last for half an hour. However, please note that these appointment lengths may vary as some conditions need extra time and some require less time. The important point to remember is that your osteopath aims to achieve the maximum benefit for your condition during each treatment session and the fee reflects your osteopath's experience and decision on each occasion.
- If you are insured you are expected to settle the bill for each visit yourself. You will be given a receipt so that you can reclaim the fee from your insurance company.
- Payment can be by cash, cheque or card.
- If you have any concerns or complaints about your treatment or the service provided please contact the clinic as soon as possible. A copy of the complaints procedure is available on the website.
- Our privacy policy can be found on our website [www.handsoncare-osteopathy.co.uk](http://www.handsoncare-osteopathy.co.uk)



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- All information is treated in confidence.
- If for any reason you decide not to take up this appointment, please call as soon as possible to cancel as it can then be given to another patient. **If you cancel with less than 24 hours' notice, then the clinic's policy is to charge the full fee.**

We look forward to seeing you soon.

Katherine Terry & Michelle Hancock

Title: ..... Name: ..... Date of Birth: .....

Address: .....

..... Post code: .....

Tel No. Home: ..... Mobile: .....

Email: .....

Occasionally we would love to share with you our expertise on improving your health and wellbeing, as well as keeping in touch about clinic matters, such holiday opening hours and special offers. In order to do this we would send out the occasional newsletter (no more than four a year). If you would be happy to receive these please tick here. (you can unsubscribe at any time)

#### **Please let us know how you found out about us: (please circle)**

My website

Clinic website

Google search

Yellow Pages

Yell.com

Facebook

Christchurch Eye Magazine

Advert on car

Leaflet

Recommendation (please let us know who so we can thank them) .....

Other please specify: .....

Name of GP: .....

Surgery Address: .....

..... Post code: .....

Please tick if you give your permission for us to write to your GP if necessary, we will discuss with you are reasons for wanting to contact your GP.

I CONFIRM THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND THAT I HAVE READ AND UNDERSTOOD THE INFORMATION GIVEN. I CONSENT TO TREATMENT AS DESCRIBED.

Sign: ..... Date: .....