

Osteopathic Diagnosis / Working Hypothesis					
Predisposing & Maintaining Factors:					
Psychosocial Factors:					
Management:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Short Term Goals Of Treatment:</td> <td style="padding: 5px;">Suggested Techniques / Action:</td> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Short Term Goals Of Treatment:	Suggested Techniques / Action:		
Short Term Goals Of Treatment:	Suggested Techniques / Action:				
Long Term Management Plan:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Prognosis:</td> <td style="width: 40%;">(State anticipated number of treatments)</td> <td style="width: 30%;">Re-evaluate after treatments:</td> </tr> </table>		Prognosis:	(State anticipated number of treatments)	Re-evaluate after treatments:	
Prognosis:	(State anticipated number of treatments)	Re-evaluate after treatments:			
Special Precautions / Known Risk Factors	Further Investigations / Onward Referral				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Treatment at 1st Visit:</td> <td style="padding: 5px;">Management & treatment plan discussed with patient and verbal consent given: <input type="checkbox"/></td> </tr> </table>		Treatment at 1st Visit:	Management & treatment plan discussed with patient and verbal consent given: <input type="checkbox"/>		
Treatment at 1st Visit:	Management & treatment plan discussed with patient and verbal consent given: <input type="checkbox"/>				
Advice Given:					
Exercise Leaflet <input type="checkbox"/> Hot/Cold Leaflet <input type="checkbox"/> Cold Leaflet <input type="checkbox"/> Driving Leaflet <input type="checkbox"/>					
Practitioner's Name:					
Signature:					
Notes / Reflections :					

Your Logo Here	Your Clinic Name Here							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Family Name: <small>(Please Use Block Capitals)</small></td> <td style="width: 20%; padding: 5px;">First Name: Mr Mrs Miss Ms Dr <small>(Circle As Appropriate)</small></td> <td style="width: 20%; padding: 5px;">D.O.B.: DD / MM / YYYY</td> </tr> <tr> <td colspan="2"></td> <td style="padding: 5px;">Date: DD / MM / YYYY</td> </tr> </table>	Family Name: <small>(Please Use Block Capitals)</small>	First Name: Mr Mrs Miss Ms Dr <small>(Circle As Appropriate)</small>	D.O.B.: DD / MM / YYYY			Date: DD / MM / YYYY		
Family Name: <small>(Please Use Block Capitals)</small>	First Name: Mr Mrs Miss Ms Dr <small>(Circle As Appropriate)</small>	D.O.B.: DD / MM / YYYY						
		Date: DD / MM / YYYY						
Tel: (H)	Tel: (M)	Tel: (W)						
Occupational History:								

Past Medical History : N/S Cigs. Per Day N/D Units Per Week

Operations:

Accidents:

Illness:

Investigations: X-ray / MRI / CT / US / BT

Medication: Drug Name: Dose: Duration: Prescribed For/By:

Family Medical History:

Exercise History:

Hobbies & Interests:

Systemic Enquiry :

- Resp:
- CV
- GIT
- Hept/Bill
- Urogenital/Gynae
- Endo
- Other

Differential Diagnosis :

Flags:

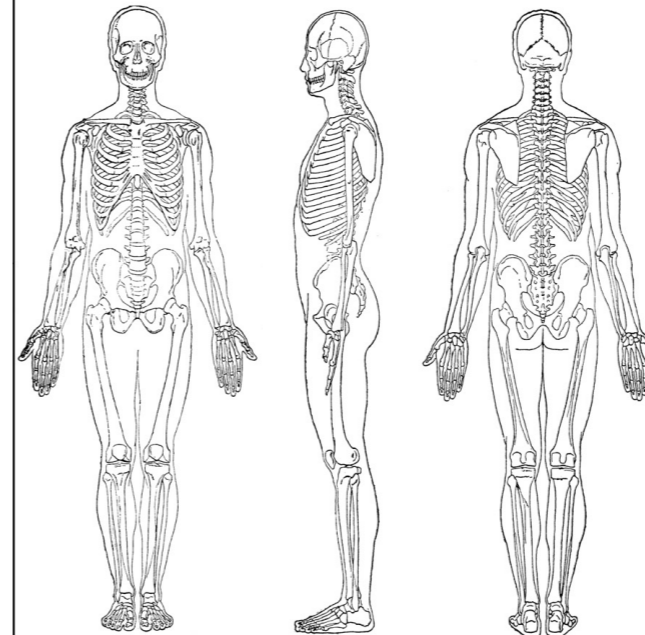
Exclusion Factors:

Examination:

Static / Dynamic / Easy Normal

Anterior / Posterior Type

Endo / Meso / Ecto

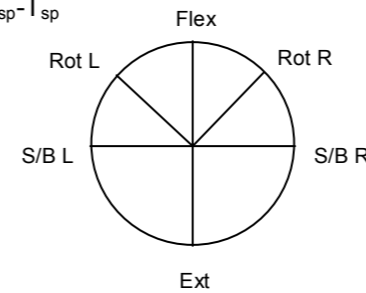


Observation:

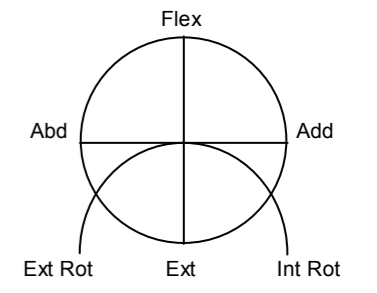
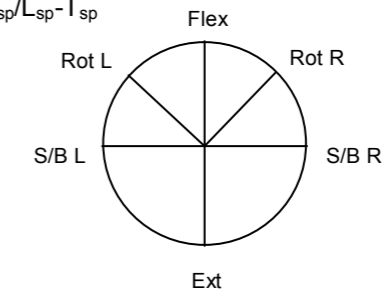
Palpation:

Segmental:

C_{sp}/L_{sp}-T_{sp}



C_{sp}/L_{sp}-T_{sp}



Notes:

Special Tests:

B/P:/..... Pulse: