Physiotherapy

Kids

HealthTweak

Patient # _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Gender: ____ Height: ____ Weight: ____ Name of Parents/Guardians: _____

Relationship to child: _____ Do you have full custody of the patient: Y / N

Address: _____ City: _____ Postal Code: _____

Phone: _____

E-mail: _____ May we contact you via e-mail? Y / N

Medical Doctor/Pediatrician: _____ Location: _____ Last Visit:_____

How did you hear about us? ☐*Existing patient* _____ ☐*Online* ☐ *Doctor* ☐*Other:*_____

HEALTH CHALLENGES

Please explain your child's health challenge: _____

_____

When did it begin? _____

This challenge started: ☐ Suddenly ☐ Gradually ☐ Unknown

Have you noticed any other symptoms associated with this challenge? _____

Have you seen anyone about this challenge? _____

HEALTH CONDITIONS

Please check any of the following that apply to your child:

☐ Ear infections
☐ Asthma
☐ Allergies
☐ Colic
☐ Scoliosis
☐ Temper Tantrums
☐ Chicken pox
☐ Rubeola/measles
☐ Eczema
☐ Recurring Fevers
☐ Constipation
☐ Headaches
☐ ADHD
☐ Car accident
☐ Falls
☐ Rubella
☐ Mumps
☐ Other _____
☐ Digestive problems
☐ Bed wetting
☐ Seizures
☐ Traumatic birth
☐ Diarrhea
☐ Chronic colds
☐ Whooping cough
☐ Adverse vaccination reactions

Please list any health conditions in your family history

_____

_____

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PRE-NATAL AND CHILDHOOD HISTORY

Complications during pregnancy: _____

Were ultrasounds used during pregnancy? Y / N How many? _____

Please list any medications during pregnancy? _____

Cigarette/Alcohol use during pregnancy? Y / N How many? _____

Location of Birth: _____

Birth intervention: ☐ Natural ☐ C-Section ☐ Forceps ☐ Vacuum extraction ☐ Other _____

Delivery complications: _____

Birth Weight: _____ Birth Length: _____ APGAR score:_____

☐ Breast Fed – If yes, how long? _____ ☐ Formula – If yes, how long? _____

Introduced solids at _____ months. Introduced to cow's milk at _____ months.

Have you noticed any adverse reactions to certain foods? _____

Please indicate the age able to:

Respond to sound _____ Respond to visual stimuli _____ Crawl _____ Stand _____

Hold head up _____ Walk alone _____ Sit _____

Has there been any surgeries? Please explain: _____

Number of doses of antibiotics your child has taken: _____

Prescription medication your child has taken: _____

Vaccination History: _____

PERSONAL HEALTH INFORMATION CONSENT FORM

I understand that Health*Tweak* is my health information custodian. I consent to the collection, use and disclosure of my personal health information for treatment and other health care reasons. Health*Tweak* is a multidisciplinary clinic, and therefore treatment notes may be shared between practitioners to best treat the patient.

I understand that to provide me with Massage Therapy, Chiropractic, Physiotherapy, Naturopathic Medicine or any other health care services, Health*Tweak* will collect personal information about me (e.g. birth date, home contact information, health history, etc.)

I understand that Health*Tweak* will only collect, use, or disclose my personal health information with my express or implied consent; unless a collection, use, or disclosure without consent is permitted or required by law.

◯ I give permission to HealthTweak to contact your primary healthcare provider such as my medical doctor, nurse practitioner ect.

Name: _____ Name of Witness: _____

Signature: _____ Date: _____

Thank you for completing this form.

HealthTweak

Patient # _____

CONSENT TO PHYSIOTHERAPY ASSESSMENT AND TREATMENT

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your physiotherapist and to make an informed decision about proceeding with treatment.

Physiotherapy is a drug-free health care practice. Physiotherapists work in partnership with individuals of all ages to break down the barriers to physical function whether that means working with patients pre and post surgery, helping people come back from illness and chronic disease, injury, industrial and motor vehicle accidents and age-related conditions. Physiotherapists also play an important role in health promotion and disease prevention.

Physiotherapy treatment techniques may include, but are not limited to: manual therapy techniques including spinal and joint manipulation and mobilization, electrotherapeutic, thermotherapy or cryotherapy modalities and exercise. Other techniques such as functional dry needling, acupuncture and soft tissue therapy may also be utilized. A number of these may be recommended during your program of care.

Benefits

Physiotherapy treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Physiotherapy benefits include decreasing pain, improving joint mobility, increasing strength and coordination. It can also increase cardio-respiratory efficiency, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with physiotherapy treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- **Temporary worsening of symptoms** – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.
- **Temporary muscle soreness –** techniques used may cause muscle soreness which usually only lasts a few hours to a few days.
- **Skin irritation or burn** – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar. Can also occur when pressure is applied to the skin or the use of needling technique.
- **Sprain or strain** – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.
- **Rib fracture** – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention. This would be most prominent in patients with decreased bone density.
- **Injury or aggravation of a disc** – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems occasionally.

Physiotherapy treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, physiotherapy treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed.

Risks Specific to Functional Dry Needling (FDN) and Acupuncture - The most serious risk with FDN or acupuncture is accidental puncture of a lung (pneumothorax) or other organs in the body. If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a concern.

Health Tweak is a Multidisciplinary clinic; therefore other practitioners may have access to your file. If this poses any concern please let us know.

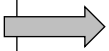
Alternatives
Alternatives to physiotherapy treatment may include consulting with other health professionals. Your physiotherapist may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns
You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the Physiotherapist's attention. If you are not comfortable, you may stop treatment at any time.

Please inform your Physiotherapist immediately of any change in your condition.

DO NOT SIGN THIS FORM UNTIL YOU MEET WITH THE PHYSIOTHERAPIST

I hereby acknowledge that I have discussed with the Physiotherapist the assessment of my condition and the treatment plan. I understand the nature of the treatment to be provided to me. I have considered the benefits and risks of treatment, as well as the alternatives to treatment. I hereby consent to physiotherapy treatment as proposed to me.



_____
Name *(Please Print)*

_____ _____
Signature of Patient (or legal guardian) Date

_____ _____
Signature of Physiotherapist Date