



questionnaire osteopathy

Dear sir, madam,

Please read the following questions thoroughly and answer them as much as possible.

These questions will be discussed in the first consult. If you do not have enough space, you can further describe your answer on the last page. Thank you for your cooperation.

Surname:	.....	First name:	.....
Address:	.....	Postal code:	.....
City:	.....	Date of birth: <input type="checkbox"/> M / <input type="checkbox"/> F
Telephone number:	.....	E-mail address:	.....
Profession:	.....	
Sports / hobbies:	.....	
Medicine/drug use:	.....	
Family physician:	.....	
Telephone number:	.....	

What is your current complaint?

.....
.....

When did it start and under what circumstances?

.....
.....

Do you see a pattern in your complaint?

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.....

Do you have scars, if so where?

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.....

Where do you feel your complaints?

.....
.....

What circumstances improve your complaint? (For example: warmth, cold, rest, movement, eating, certain posture, physical or mental state, relaxation)

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.....

What circumstances worsen your complaint?

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.....

How is the bowel/stool function? Frequency and consistency.

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.....

Do you wake up at night? If yes, why and at what time?

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.....

Do you prefer certain food and spices (Fro example: sweet, sauer, spicy, bitter?)

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.....

What food or spices don't you like or have difficulty in digesting?

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.....

Do you smoke? How much?

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.....

Do you drink alcohol? How much?

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.....

Do you drink coffee? How much?

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.....

Are there any other complaints?

.....
.....

Are there hereditary and non-hereditary disorders within your family?
(cardiovascular disease, rheumatism, diabetes etc.)

Mother:

.....
.....

Father:

.....
.....

Other family members:

.....
.....

Please accent the following questions,

The left column is for past situations, the right for the recent situation.

general

- headaches: daily weekly monthly
- where in the head?
- sleeplessness
- change in weight: more less
- dizziness
- fatigue: continuous morning afternoon night
- allergy
- swollen glands

airways

- chronically cough
- chronically cold
- asthma
- throat pain/inflammations
- sinusitis
- thinitis

heart- and blood vessels

- high/low blood pressure
- arthrosclerosis
- pain on the chest
- palpitation of the heart
- cold hands feet
- varicose vein
- holding fluids

urinary tract

- kidney infection/stones
- pain during urinating
- prostate problems
- bladder infection
- changing in urine

female

- Pregnant No Yes, amount weeks:
- Children No Yes, amount children:
- Age first menstruation:
- painful menstruation
- irregular menstruation
- lasting menstruation
- premenstrual syndrome

stomach / intestines

- bowel inflammation
- constipation
- diarrhea
- swollen abdomen
- nausea
- flatulence
- bowel pain/cramps
- stomach acid
- blood in stool
- other:

muscles / joints

- tenseness/weak muscles
- low back pain
- neck pain
- tingling/numbness
- joint pain
- muscle pain/cramps
- problems with moving

skin

- eczema/rashes
- fast bruising
- dry skin/sweating
- itching

mental state

- nervous
- depression
- concentration weakness
- anxiety
- worrying
- irresolute
- irritated
- overig:

extra ruimte voor verdere toelichting



A large area of horizontal dotted lines for writing, providing extra space for further explanation.