

## CONSENT TO OSTEOPATHIC CARE

Osteopathic care is recognised as being an effective and safe method of care for many conditions. However, it is important to recognise that there are risks with all health care procedures. All practitioners who use Osteopathic Manipulative Treatment on a patient are required to warn patients of the possible risks associated with those procedures. In very rare circumstances, some treatments of the neck may damage blood vessels and even give rise to stroke like symptoms. *(It is believed the risk varies between 1:50,000 to 1:5,000,000 neck manipulations performed).*

Please read the following carefully:

1. It has been explained to me that there are certain inherent and potential risks in any treatment plan or procedure. I acknowledge that I have had the opportunity to discuss with my Osteopath the rare risks associated with my treatment which include but are not limited to muscle and joint soreness or strains, nausea, dizziness, fractures, disc injuries, strokes (or like episodes), dislocation, bleeding, bruising, inflammation and an exacerbation or aggravation of my underlying condition.
2. I have had the opportunity to discuss the proposed care with the Osteopath (named below); I have disclosed all relevant health information. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed care and other alternative treatments and been given sufficient time to make a decision giving consent for the care to proceed.
3. I acknowledge that I am aware of and understand the potential risks. I appreciate that a result cannot be guaranteed.
4. I do not expect the Osteopath to be able to anticipate every potential risk and complication associated with the proposed treatment/procedure.
5. I hereby acknowledge my consent to the performance of the proposed Osteopathic care by the Osteopath below. I understand that I can withdraw consent at any time and that this consent form does not encompass the entire discussion I had with the Osteopath regarding proposed treatment. If I am concerned about any treatment or have any questions I know that I may freely ask at any time without judgement.
6. I consent to my personal information and case notes to be stored online by a practice management system (Cliniko) and acknowledge that every measure is taken to protect my confidentiality. I acknowledge that I can access the Cliniko privacy policy and up to date security measures at [www.cliniko.com/policies/privacy](http://www.cliniko.com/policies/privacy).
7. I will respect the cancellation policy and acknowledge that full fees or a percentage of the fees will be charge for missed treatments and treatments cancelled within 24 hours.
8. I acknowledge that I have discussed the proposed examinations and treatment with regards to my personal health and wellbeing status.

Other important points:

1. You will be seen by a fully qualified and registered osteopath
2. Please do not hesitate to ask the osteopath to stop the treatment and explain anything he/she says or does at any time during your appointment
3. The osteopath needs to know about your health past and present and you will be asked detailed questions about your complaint, medical history, general health and any medication you may be taking
4. You may be asked to perform simple movements to help the osteopath understand and assess your condition and further examination will be conducted while you lie on the examination couch. The osteopath may also take your blood pressure and test reflexes, joint mobility and muscle strength
5. The osteopath will make a diagnosis which he/she will discuss with you and in most cases some treatment will be given but if the osteopath does not feel you will benefit from osteopathic treatment, he/she will explain why
6. It may be helpful during the course of your treatment for the osteopath to either inform your GP about areas of your health and treatment or for the osteopath to get details of your medical history. Your consent is required for this and we will ensure we inform you before doing so
7. I am/am not happy for my GP to be contacted (delete as appropriate)

Patient name and signature:

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Osteopath and signature:

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Date: