Part 1: Initial Presentation for new episode

To be completed by the osteopath

1. Date of first appointment	Practitioner code	Patient code	2. Sex: Male ☐ Female ☐	3. Patient's age

4. What is the patient's current work status? (*tick one as appropriate*)

☐ Full time (employed)
☐ Full time (self-employed)
☐ Part-time (employed)
☐ Part-time (self-employed)
☐ Not currently employed
☐ Retired
☐ Student
☐ Pre-school

5. How long did the patient have to wait for the first appointment offered?

☐ Same day
☐ 2-3 days
☐ 4-7 days
☐ 8 days or more
☐ Not known

6. Has the patient made use of NHS resources prior to the first visit to the osteopath? (*Tick all that apply*)

Visited their GP No ☐ Yes ☐
If yes, how many visits _____

	No	Yes
Taken medication prescribed by GP	☐	☐
NHS imaging e.g. X-Ray or scan	☐	☐
Course of NHS Physiotherapy	☐	☐
Other outpatient treatment	☐	☐
Hospital inpatient treatment	☐	☐

7. Is the patient on an NHS waiting list for this condition?

☐ No
☐ Yes
If yes, length of NHS wait _____ weeks

8. How many weeks has the patient had symptoms for this episode of the current condition?

☐ up to 1 week
☐ 2 -6 weeks
☐ 7-12 weeks
☐ 13 or more weeks

9. How long has the patient been off work with this current episode of this condition?

☐ up to 1 week
☐ 2 -6 weeks
☐ 7-12 weeks
☐ 13 or more weeks
☐ Not applicable (still at work)
☐ Not applicable (e.g. not working due to retirement/homemaker/student/pre-school)
☐ Not applicable (not currently employed)

10. Symptomatic areas. Please record up to four presenting areas in order of priority for the patient

1. ☐ **2.** ☐ **3.** ☐ **4.** ☐

1. Head/facial area/TMJ
2. Cervical spine
3. Cervical spine and upper extremity
4. Shoulder
5. Upper extremity
6. Thorax (including ribs and sternum)
7. Lumbar spine
8. Lumbar spine and lower extremity
9. Pelvis
10. Hip
11. Lower extremity
12. Abdomen
13. Other (please state)

11. Severity of worst symptom area (for the past 2 weeks) – *for patient completion*

0 1 2 3 4 5 6 7 8 9 10

No symptoms ☐----☐----☐----☐----☐----☐----☐----☐----☐----☐----☐ Worst possible symptoms

Moderate

Part 2: Management and treatment at first appointment

12. What treatment plan was agreed with the patient?

- ☐ Osteopathic management
- ☐ Non-osteopathic treatment
- ☐ Patient referred on (give details) _____
- ☐ Single consultation only (including treatment)
- ☐ Single consultation only (no treatment)

13. What types of treatment approaches and advice have been provided for the patient today?

- ☐ No hands on treatment
- ☐ Soft tissue
- ☐ Articulation
- ☐ HVLA technique
- ☐ Cranial techniques
- ☐ Muscle energy
- ☐ Strain-counterstrain/functional technique/myofascial release (MFR)
- ☐ Visceral
- ☐ Application of heat/cold
- ☐ Education including lifestyle, nutrition, dietary and relaxation advice
- ☐ Use of Whiplash Book or Back Book
- ☐ Specific exercise
- ☐ Advice concerning physical activity
- ☐ Other (please name)

14. Who is responsible for payment for treatment?

☐ Patient or family ☐ Employer/own company ☐ Insurance company ☐ NHS ☐ Other (please state)

Second visit

15. Did the patient experience any treatment reactions during the first 48 hours after treatment? ***- for patient completion***

- ☐ None
- ☐ Increased pain
- ☐ Increased stiffness
- ☐ Fatigue
- ☐ Drowsiness
- ☐ Headache
- ☐ Nausea
- ☐ Dizziness
- ☐ Exacerbation of symptoms (please describe) ……
- ☐ Serious adverse event, please describe ……..
  ……..
- ☐ Other (please state) ……
  ……...

Part 3: Last visit of initial course of treatment for this episode

Date of last visit: (dd/mm/yy) --/--/--

16. Total number of treatments for this episode to date ☐

17. Has the patient completed the initial course of treatment for this episode?

- ☐ Yes
- ☐ No, treatment is ongoing
- ☐ Patient did not return (reason unknown)
- ☐ Treatment terminated due to illness
- ☐ Treatment terminated due to cost
- ☐ Treatment terminated for other reason (please state)

18. Severity of worst symptom area on last visit – ***for patient completion***

0 1 2 3 4 5 6 7 8 9 10

No symptoms ☐----☐----☐----☐----☐----☐----☐----☐----☐----☐----☐ Worst possible symptoms

Moderate

19. Is the patient <u>continuing</u> to experience any treatment reactions? ***For patient completion***

- ☐ None
- ☐ Increased pain
- ☐ Increased stiffness
- ☐ Fatigue
- ☐ Drowsiness
- ☐ Headache
- ☐ Nausea
- ☐ Dizziness
- ☐ Exacerbation of symptoms (please describe) ……
- ☐ Serious adverse event, please describe ……..
  ……..
- ☐ Other (please state) ……
  ……...

20. What was the patient's overall outcome at their final appointment? ***For patient completion***

☐ Worse
☐ Much worse
☐ Worst ever
☐ Not improved/not worse
☐ Improved
☐ Much improved
☐ Best ever

21. How many treatments did the patient have before being able to return to work? ☐

☐ Not applicable (still at work)
☐ Not applicable (e.g. not working due to retirement/homemaker/student/pre-school)
☐ Not applicable (not currently employed)
☐ Not applicable (not able to return to work)

22. Did you contact the patient's GP during this course of treatment? ☐ Yes ☐ No

If yes, reasons for contact

☐ Patient was referred by the practice
☐ To request further information or investigation
☐ Other (please specify)
☐ GP had requested information
☐ To request referral for other treatment
☐ To provide the GP with information

23. At the last treatment, what was agreed for the patient's future care? (Please tick one option)

☐ None planned. Patient was discharged

☐ Patient opted to return for episodic care

☐ Patient awaiting results of investigation

☐ Patient was referred on for investigation/treatment

☐ Still continuing initial course of treatment

☐ Patient planning to return for further treatment

☐ Other (please state)

24. If the patient was referred on from your practice, where were they referred to?

☐ Their GP
☐ Other medical consultant
☐ Other practitioner (please state) _____
☐ Not applicable

25. If the patient was referred for other treatment while still having osteopathic treatment, where were they referred to?

☐ Their GP
☐ Other medical consultant
☐ Other complementary practitioner
☐ Physiotherapist or podiatrist
☐ A counsellor
☐ Exercise trainer or class
☐ Other (please state)
☐ Not applicable

26. To which ethnic group does the patient belong? (this question is optional: the information is intended to try and serve all groups equally)

White
☐ British
☐ Irish
☐ Any other White background, please record

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background, please record

Chinese or other ethnic group
☐ Chinese
☐ Any other, please record

Mixed
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background, please record

Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background, please record

Thank you for completing this form

Statement of accreditation

This standardised data collection tool has been produced by the National Council for Osteopathic Research (NCOR), and funded by the General Osteopathic Council (GOsC), the UK regulator of osteopaths. The intellectual property rights in the standardised data collection tool are jointly owned by the NCOR and the GOsC. The tool should be referenced in published work as: Moore AP, Leach CMJ, Fawkes CA. Standardised data collection tool for osteopathic practice. National Council for Osteopathic Research (UK) and General Osteopathic Council UK, 2009.