# NCOR

# Standard Data Collection Tool

# Australian Version

Osteopath Name or code:.....
(Optional, see Plain Language Statement)

## Part 1: PATIENT FORM – Initial consultation details

*To be completed by the osteopath*

**1. Date of first appointment**

**2. Gender:** Male ☐ Female ☐

**3. Postcode:**

**4. What is the patient's age?**

**5. What is the patient's height?**

**6. What is the patient's weight?**

**7. What is the patient's main occupation?**

Not applicable ☐

**8. How would you describe the patient's current work status?** *(tick as appropriate)*

☐ Working full time (employed)
☐ Working full time (self-employed)
☐ Working part time (employed)
☐ Working part time (self-employed)
☐ Not currently employed
☐ Retired
☐ Student
☐ Pre-school

**9. Does the patient receive disability allowance?**

Yes ☐ No ☐ Not applicable ☐

**10. Who referred the patient to this practice?***

☐ Patient
☐ GP
☐ Insurance company
☐ Employer
☐ Work cover
☐ Another healthcare practitioner
☐ Solicitor
☐ TAC
☐ EPC Plan

**11. Has the patient ever had any osteopathic treatment before?** ☐ yes ☐ no

**12. How long did the patient have to wait for the <u>first appointment</u> to be offered?**

☐ Same day
☐ 2-3 days
☐ 4-7 days
☐ 8 days or more

**13. How many times has the patient visited their GP about this condition prior to coming to here?**

t*imes*

**14. How physically demanding is the patient's occupation?**

☐ sedentary
☐ light
☐ moderate
☐ strenuous
☐ not applicable

**15. How strenuous are the patient's leisure time activities?** (see examples below)

☐ sedentary
☐ light
☐ moderate
☐ strenuous
☐ not applicable

**EXAMPLE LEISURE ACTIVITIES**
Sedentary: handicrafts, cinema
Light: badminton, bowling, light gardening, walking (including to and from shops)
Moderate: jogging, swimming, moderate gardening
Strenuous: basketball, competitive cycling, competitive swimming, football, squash, heavy gardening

**16. How many weeks has the patient had this current problem?**

☐ less than 1 week
☐ 1-2 weeks
☐ 3-4 weeks
☐ 5-6 weeks
☐ 6-12 weeks
☐ 13 or more weeks

**17. How many weeks has the patient been off work with this current problem?**

☐ less than 1 week
☐ 1 week
☐ 2 weeks
☐ 3 weeks
☐ 4 weeks
☐ 5 weeks or more
☐ not applicable

**18. How did the patient hear about this practice?***
(tick all that apply)

☐ Word of mouth/recommendation
☐ Local advert
☐ Yellow pages
☐ I live nearby
☐ From a healthcare practitioner
☐ Internet search
☐ Other, please specify

**19. Why did the patient decide to have osteopathy?*** (tick all that apply)*

☐ Personal recommendation or referral
☐ Personal research
☐ Failure of previous treatment
☐ Previous experience of osteopathic treatment
☐ Desire to have osteopathic treatment
☐ Wanted a form of manual or hands on treatment
☐ Wanted to have drug-free treatment
☐ Other, please specify

**20. Is the patient on a Hospital waiting list for treatment for this condition?***
☐ yes ☐ no

**21. How long has the patient been waiting for Hospital treatment for this condition?***
_____Weeks Not applicable ☐

**22. Has the patient had previous Medical/Hospital treatment for <u>this</u> episode of this condition?***

**Yes ☐ No ☐**

**If yes, has this included:** *Tick all that apply*
☐ Imaging e.g. an X-Ray or scan ☐ Medication
☐ Hospital outpatient treatment ☐ Hospital inpatient treatment

**23. How would you classify the ethnic background of this patient?**

**Oceanian**
☐ Australian
☐ Australian Aboriginal
☐ Torres Straight Islander
☐ Australian South Sea Islander
☐ New Zealander
☐ Maori
☐ Other……..

**North West European**
☐ English
☐ Scottish
☐ Irish
☐ Dutch
☐ German
☐ Other …….

**Southern and Eastern European**
☐ Italian
☐ Spanish
☐ Greek
☐ Croatian
☐ Other……..

**North African and Middle Eastern**
☐ Arab
☐ Jewish
☐ Other……..

**South-East Asian**
☐ Vietnamese
☐ Indonesian
☐ Other……

**North-East Asian**
☐ Chinese
☐ Other……

**Southern and Central Asian**
☐ Indian
☐ Pakistani
☐ Other……

**People of the Americas**
☐ North American
☐ Central American
☐ South American
☐ Other……

**Sub-Saharan African**
☐ Central and West African
☐ Southern and East African

☐ Other……

**24. How long has the patient had their current symptoms with this episode?**

**25. Type of onset of symptoms?** *Tick all that apply*

- ☐ Acute/sudden onset (of unknown origin)
- ☐ Traumatic onset (of known origin)
- ☐ Slow/insidious onset
- ☐ Recurring problem

**26. Symptom areas**: Please record up to three predominant symptom areas in order of priority

**1. ☐ 2. ☐ 3. ☐**

| | | | |
|---|---|---|---|
| 1 | Head/facial area | 12 | Lumbar |
| 2 | Temporo-mandibular | 13 | Sacroiliac/pelvis/groin |
| 3 | Neck | 14 | Gluteal region |
| 4 | Shoulder | 15 | Hip |
| 5 | Upper arm | 16 | Thigh/upper leg |
| 6 | Elbow | 17 | Knee |
| 7 | Forearm | 18 | Lower leg |
| 8 | Wrist | 19 | Ankle |
| 9 | Hand | 20 | Foot |
| 10 | Thoracic spine | 21 | Abdomen |
| 11 | Rib cage | 22 | Other …… |

**27. Is this the first episode?** *Please tick*

- ☐ Yes, first time onset
- ☐ Second episode
- ☐ Third episode
- ☐ Fourth or more episodes

**28. What investigations have taken place for this current problem?** *Tick all that apply*

- ☐ None
- ☐ Blood test
- ☐ X-Ray
- ☐ CT Scan
- ☐ MRI
- ☐ Ultrasound scan
- ☐ Urinalysis
- ☐ Other (please state)

**29. What current co-existing conditions (diagnosed by a medical practitioner) does the patient have (tick all that apply)**

- ☐ Anaemia
- ☐ Angina
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Bowel disease
- ☐ Cancer
- ☐ COPD (chronic obstructive pulmonary disease)
- ☐ CHF (Congestive heart failure)
- ☐ Dementia
- ☐ Depression
- ☐ Diabetes
- ☐ Hearing impairment
- ☐ Hypertension
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Migraine
- ☐ MI (myocardial infarct)
- ☐ Neurological disease
- ☐ Osteoporosis
- ☐ Peripheral vascular disease
- ☐ Pregnancy
- ☐ Stroke/TIA (Transient Ischaemic Attack)
- ☐ Upper gastrointestinal disease
- ☐ Visual impairment
- ☐ Other (please state)

## Part 2: Management and treatment

**First appointment**

**30. Was this patient suitable for osteopathic treatment?** Yes ☐ No ☐

**31. What types of treatment approaches have been used with the patient today?**

- ☐ No treatment
- ☐ Soft tissue
- ☐ Articulation
- ☐ HVLA thrust
- ☐ Cranial techniques
- ☐ Muscle energy
- ☐ Strain/counterstrain
- ☐ Functional technique
- ☐ Visceral
- ☐ Myofascial release (MFR)
- ☐ Education
- ☐ Relaxation advice
- ☐ Steroid Injection
- ☐ Acupuncture
- ☐ Dietary advice
- ☐ Exercise
- ☐ Orthotics
- ☐ Lifestyle advice
- ☐ Other (please name)

**32. Was informed consent obtained for any particular technique used?**

Yes ☐
Technique (*Please state)*

……

No ☐
Not applicable ☐

**33. How was consent gained from the patient about osteopathic examination and treatment? (***Tick all that apply)*

- ☐ Implied consent
- ☐ Verbally
- ☐ Written
- ☐ Written and verbal
- ☐ Not applicable
- ☐ Other

**34. Has information concerning the following been discussed with the patient?**

| | |
|---|---|
| Possible risks of examination and treatment | Yes ☐ No ☐ |
| Possible side-effects of treatment | Yes ☐ No ☐ |

**35. What other education and advice have been given to the patient to inform them about their condition?** *Please record all that apply*

- ☐ Explanation of presenting problem
- ☐ Possible risk factors associated with a recurrence of symptoms
- ☐ Anticipated response to treatment
- ☐ Anticipated number of treatments
- ☐ Not applicable

**36. What self-management strategies have been recommended for the patient to use?*** *Please tick all that apply*

- ☐ None
- ☐ Application of heat
- ☐ Application of cold
- ☐ Stretches
- ☐ Rest
- ☐ Specific exercise
- ☐ General exercise
- ☐ Other (please state)
- ☐ Vitamin or other nutritional supplements
- ☐ Postural exercises/advice
- ☐ Natural remedies
- ☐ Relaxation advice
- ☐ Advice concerning physical activity
- ☐ Homeopathic or Naturopathic remedies
- ☐ Other

……

**37. Who is responsible for payment for treatment ***

- ☐ Self
- ☐ Insurance company
- ☐ Employer/own company
- ☐ Other (please state)

**38. Is an insurance case or litigation claim pending?**

Yes ☐ No ☐

**39. Time allocated for first appointment _____ minutes**

## Second and subsequent appointments

**40. After the <u>first</u> appointment, did the patient report any of the known complications of treatment described below within the first 24-48 hours?**

- ☐ None of these
- ☐ Increased pain
- ☐ Increased stiffness
- ☐ Dizziness
- ☐ Nausea
- ☐ Headache
- ☐ Fatigue
- ☐ Serious adverse event, if known, please describe below

**41. What was the patient's overall outcome after the <u>first</u> appointment?***

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

**42. What types of treatment approaches have been used with the patient?** *Please tick all that apply*

- ☐ No treatment
- ☐ Soft tissue
- ☐ Articulation
- ☐ HVLA thrust
- ☐ Cranial
- ☐ Muscle energy
- ☐ Strain/counterstrain
- ☐ Functional
- ☐ Visceral
- ☐ Myofascial release (MFR)
- ☐ Education
- ☐ Relaxation advice
- ☐ Steroid Injection
- ☐ Acupuncture
- ☐ Dietary advice
- ☐ Exercise
- ☐ Orthotics
- ☐ Other (please name)

**43. Was informed consent obtained for any particular technique used?**

Yes ☐
Technique (*Please state)*

……

No ☐
Not applicable ☐

**44. How was consent gained from the patient about osteopathic examination and treatment? (***Tick all that apply)*

- ☐ Implied consent
- ☐ Verbally
- ☐ Written
- ☐ Written and verbal
- ☐ Not applicable
- ☐ Other

**45. What other education and advice have been given to the patient to inform them about their condition?** *Please record all that apply*

- ☐ Explanation of presenting problem
- ☐ Possible risk factors associated with a recurrence of symptoms
- ☐ Anticipated response to treatment
- ☐ Anticipated number of treatments
- ☐ Not applicable

**46. What self-management strategies have been recommended for the patient to use?** *Please tick all that apply**

- ☐ None
- ☐ Application of heat
- ☐ Application of cold
- ☐ Stretches
- ☐ Rest
- ☐ Specific exercise
- ☐ General exercise
- ☐ Other (please state)
- ☐ Vitamin or other nutritional supplements
- ☐ Postural exercises/advice
- ☐ Natural remedies
- ☐ Relaxation advice
- ☐ Advice concerning physical activity
- ☐ Homeopathic or Naturopathic remedies
- ☐

**47. Time allocated for follow up appointments minutes**

## Part 3: Final outcome report

**48. Date of final visit:**

**49. Did the patient <u>continue</u> to report any of the known complications of treatment described below after the second and subsequent appointments?**

- ☐ None of these
- ☐ Increased pain
- ☐ Increased stiffness
- ☐ Dizziness
- ☐ Nausea
- ☐ Headache
- ☐ Fatigue
- ☐ Serious adverse event, if known, please describe

**50. What was the patient's overall outcome at their final appointment or to date?**

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

**51. How many treatments did it take to achieve this?**

**52. Did you contact the patient's GP during this course of treatment?**

- ☐ Yes since patient was referred to practice by GP
- ☐ Yes since GP had requested information
- ☐ Yes to request further information or investigation
- ☐ Yes for referral for other treatment
- ☐ No, the patient's GP was not contacted

**53. How many treatments did the patient have before being able to return to work (if applicable)?**

☐ Treatments

☐ Not applicable

**54. What was the end result of the consultation period?***

- ☐ No further treatment. The patient was discharged.
- ☐ Patient was recommended to return for episodic care (Maintenance).
- ☐ Patient was referred for further investigations pending treatment under the care of the practice.
- ☐ Patient was referred on
- ☐ The patient terminated treatment due to lack of further personal funds
- ☐ The patient terminated treatment due to lack of further funding by insurance providers
- ☐ The patient did not return – reason unknown
- ☐ The patient is still undergoing treatment for this condition at the end of the study period

**55. Was the patient referred on from the practice?** Yes ☐ No ☐

*If yes, where was the patient referred to? Tick one option.*

- ☐ Their GP for further investigations
- ☐ Their GP to try and arrange other treatment
- ☐ Another osteopath
- ☐ A homeopath
- ☐ An acupuncturist
- ☐ A podiatrist
- ☐ An Alexander teacher
- ☐ A physiotherapist
- ☐ A counsellor
- ☐ A chiropractor
- ☐ A sports massage therapist
- ☐ A Pilates trainer
- ☐ Other (please state)

***Thank you for completing this form***

## Statement of accreditation

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