

# Praxis für Klein und Groß

Physiotherapie & Osteopathie  
Andreas Koebse

Surname, first name of patient

Date of birth

## OSTEOPATHY - Patient information

Osteopathy is an independent form of medicine that serves to identify and treat functional disorders and their causes. Both acute and chronic complaints can be treated. The aim of the therapy is always to restore and strengthen the balance of the body's functions. It regards the body as an integrated whole. At the first session, we ask patients questions relating to their medical history and details of their symptoms (anamnesis), then the patient is examined in detail. During the treatment, findings and therapy merge smoothly.

### Fields of application:

Functional disorders of the musculoskeletal system, of internal organs, the nervous system and the cranio-sacral system

### Contraindications / limited treatment with:

- acute inflammations
- infectious diseases
- febrile illnesses
- bone fractures
- tumour diseases
- circulatory disorders in the brain
- haemophilia
- thrombosis
- aneurysms
- spontaneous haematomas
- advanced osteoporosis
- implanted foreign bodies (pacemaker, spiral etc.)
- long-term corticoid treatment
- severe neurological disorders
- inflammatory rheumatism

### Risks of the treatment:

- short-term fatigue, dizziness, headache, fever, insomnia
- short-term aggravation of symptoms or short acute state of a chronic inflammation
- pain similar to sore muscles
- in rare cases (with a probability of 1/400,000 to 1/2,000,000), subject to corresponding circumstances, a cerebral haemorrhage, damage to the spinal cord or a stroke can occur after treatment of the cervical spine.

Patient's individual risk factors: \_\_\_\_\_

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Therapist's notes: \_\_\_\_\_

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\_\_\_\_\_

I declare that I have been informed clearly and comprehensively about the examination and treatment by osteopathy. My questions have been answered to full extent. I wish to receive treatment by osteopathy. In case of any health problem, I will immediately inform the therapist or a doctor. A guarantee of success cannot be given.

I renounce information and clarification and yet wish to receive treatment by osteopathy.

\_\_\_\_\_  
Date / Signature (parent/guardian if applicable)

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Signature of therapist