

To enable us to organise an appropriate appointment for you we ask that you complete the enclosed Patient Detail Questionnaire and forward it to our office as soon as possible. If not previously forwarded, please include the following:

- GP Referral
- X-Ray or Scan Reports (Films are not required at this point)

The above forms can be either mailed, faxed or emailed.

Current address: Dr John Albietz
Level 10 Suite 14
Evan Thomson Building
24 Chasely Street
Auchenflower Qld 4066

Fax: 07 3721 8666

Email: admin@qcos.net.au

The information received will be reviewed by Dr John Albietz and we will contact you by mail within 5 working days with an appointment date and time.

Thank you for your understanding and co-operation

DATE: ___/___/___

RL

Title: Mrs Miss Ms Mr Mast Dr

Family Name: _____ Given Name: _____

Address: _____

Date of Birth: ___/___/___

Ph: (h) _____ (w) _____ Mobile _____

Medicare No: Exp: _____

Medicare Reference Number (Small Number in front of your name):

Dept. Of Veteran Affairs No: _____ Exp: ___/___/___ Gold Card / White Card

Health Care Card / Pension No: _____ Exp: ___/___/___

Are you a member of a Private Health Fund: Yes / No

Health Fund: _____ Membership No: _____

Level of Cover (Please tick): Full Private Hospital Extras Only

ACCOUNT PAYMENT DETAILS

Self

Workcover Claim No: _____

Company/Employer _____

Other Details: _____

REFERRAL DETAILS

Referring Doctor Name: _____

Address: _____

Usual GP (If different from referring doctor) _____

Address: _____

NEXT OF KIN DETAILS

Next of Kin: _____ (Relationship) _____

Address: _____

Phone: _____

PATIENT CONSENT

I give permission for you to disclose to any doctor, health authority, allied health provider, rehabilitation provider, Workcover Insurer and its agents, or other insurer any information about my medical history relevant to my treatment.

Signature: _____ Date: _____

X-RAYS

The QCOS Orthopaedic does not store x-rays / scans for any period of time exceeding twelve months. It is essential that you keep the scans in your possession at all times.

I hereby understand that the QCOS Orthopaedic will destroy any x-rays or scans left in their possession after twelve months, without prior notice.

Signature: _____ Date: _____

Patient Name: _____ DOB: _____

This questionnaire has been designed to give the doctor information about how your back pain has affected your ability to manage in everyday life. Please answer each section and mark only one box per section that applies best to you. We realise that you may consider that two of the statements may apply to you, but please only mark the box that best describes your problem.

Back Pain Questionnaire

Pain Intensity

- I can tolerate the pain without having to use pain killers
- The pain is bad but I manage without taking pain killers
- Pain killers give complete relief of pain
- Pain killers give partial relief of pain
- Pain killers give very little relief of pain
- Pain killers have no effect on pain and I do not use them

Standing

- I can stand as long as I want
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than one hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

Personal Care

- I can look after myself normally without extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of personal care
- I do not get dressed, wash with difficulty and stay in bed

Sleeping

- I sleep well
- Pain occasionally interrupts my sleep
- Pain interrupts my sleep half of the time
- Pain often interrupts my sleep
- Pain always interrupts my sleep
- I never sleep well

Lifting

- I can lift heavy objects without extra pain
- I can lift heavy objects but it gives extra pain
- I can only lift heavy objects if they are on a table
- I can only lift light / medium objects if they are on a table
- I can only lift very light objects
- I cannot lift anything, due to pain

Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but gives me extra pain
- Pain restricts more energetic social activities
- Pain has restricted my social life and I go out less often
- Pain has restricted my social life to home
- I have no social life because of pain

Walking

- I can run or walk without pain
- I can walk comfortably but running is painful
- Pain prevents me from walking more than one hour
- Pain prevents me from walking more than 30 minutes
- Pain prevents me from walking more than 10 minutes
- I cannot walk more than a few steps at a time

Travelling

- I can travel anywhere without extra pain
- I can travel anywhere but it causes some pain
- Pain is bad but I manage to travel over two hours
- Pain restricts me to trips of less than one hour
- Pain restricts me to trips of less than 30 minutes
- Pain prevents me from travelling except to the doctor

Sitting

- I can sit in any chair as long as I want
- I can only sit in a special chair as long as I want
- Pain prevents me from sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Employment / Housekeeping

- My normal homemaking/ job activities don't cause pain
- I can perform all these activities but do experience pain
- I can perform most activities but do experience pain
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing even light duties
- Pain prevents me performing any job/ activities at all

Office Use Only

_____/____

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