

To enable us to organise an appropriate appointment for you we ask that you complete the enclosed Patient Detail Questionnaire and return 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 Simon Gatehouse
 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 Simon Gatehouse 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

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.

Neck Pain Questionnaire

Pain Intensity

- I have no pain at the moment
- The pain is mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is worst imaginable at the moment

Concentration

- I can concentrate fully with no difficulty
- I can concentrate fully but with slight difficulty
- I have a mild degree of difficulty in concentrating
- I have a moderate degree of difficulty in concentrating
- I have severe difficulty in concentrating
- I cannot concentrate at all

Personal Care

- I can look after myself normally without causing 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

Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

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 conveniently positioned
- I can only lift light/medium objects if they are conveniently positioned
- I can only lift very light objects
- I cannot lift or carry anything at all

Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight neck pain
- I can drive my car as long as I want with moderate neck pain
- I can't drive my car as long as I want because of moderate pain
- I can hardly drive at all because of severe neck pain
- I can't drive my car at all

Reading

- I can read as long as I wish without pain
- I can read as long as I wish but it causes slight neck pain
- I can read as long as I wish but it causes moderate neck pain
- I can't read as long as I want because of moderate neck pain
- I can hardly read at all because of severe neck pain
- I cannot read at all

Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hour sleepless)
- My sleep is mildly disturbed (1-2 hours sleepless)
- My sleep is moderately disturbed (2-3 hours sleepless)
- My sleep is greatly disturbed (3-5 hours sleepless)
- My sleep is completely disturbed (5-7 hours sleepless)

Headaches

- I have no headaches at all
- I have slight headaches which occur infrequently
- I have moderate headaches which occur infrequently
- I have moderate headaches which occur frequently
- I have severe headaches which occur frequently
- I have headaches almost all the time

Recreation

- I can do all my recreation activities with no neck pain
- I can do all my recreation activities with some neck pain
- Pain mildly restricts my usual recreation activities
- Pain moderately restricts my usual recreation activities
- I can hardly do any recreation activities because of neck pain
- I can't do any recreation activities at all

Office Use Only

_____/_____

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