Kate's Corner Osteopathic Care PLC

Katherine A. Worden, DO, FAAO
6615 W Misty Willow Ln, Glendale AZ 85310
Ph: 480-564-2905 Fax: 480-564-2906 www.katescornerosteopathic.com

New Patient Form-Adolescent

(I want **YOU** to fill this in. Feel free to ask your parent if you need help)

Name: _____ Date: _____

Date of Birth: _____ Current Age: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Parent Cell Phone: _____Parent Email: _____

Pharmacy:

Name: _____Major Cross Sts: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Family/Pediatric Physician: _____

Phone: _____ Address: _____

Referring: Physician: _____ **Non-Physician:** _____

Phone: _____ Address: _____

Please Note – Important Information

Prior to your first visit:

- Please have any relevant imaging reports and/or office notes sent to our office.
- Be aware, we do not bill insurance directly at our office.
- **Be Aware: This is a residential area**
  - **You will need the Gate Code: #0713**
  - **Please**
    - **Park in the driveway.**
    - **Please come in -you do not need to ring the bell.**

Kate's Corner Osteopathic Care PLC

Reason(s) for visit: _____
_____
_____

Medications/OTC/Supplements: (please include dosage and how taken per day or prn [as needed])
_____

Allergies (reaction): _____

Medical Problems: _____

Surgeries/Procedures (age or date): _____

Family History: circle (or mark x as needed)
Father: living/deceased Age: _____ Health problems: _____
Mother: living/deceased Age: _____ Health problems: _____
Number of sisters: _____ Health problems: _____
Number of brothers: _____ Health problems: _____

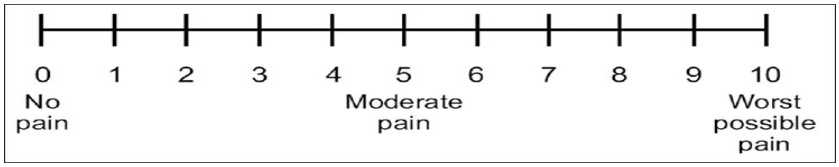
Circle (or mark x) if present in any blood relatives (including parents, grandparents, brothers, sisters, children, cousins, aunts, or uncles):

Diabetes	Cancer(type)_____	High Blood Pressure	Autoimmune Disease
Heart Disease	Lung Disease	Tuberculosis	Stroke
Epilepsy	Psychiatric Illness	Migraine Headaches	Thyroid Disease
Arthritis	Suicide	Kidney Disease	Liver Disease
Glaucoma	Alcohol or Drug Dependency	Blood Disease	Joint Hypermobility
Co-Vid Infection: yes/no		severe: yes/no	died: yes/no

Other inherited conditions: _____

Social History:
Nutrition: Any dietary restrictions/food sensitivities? _____
Have you ever had difficulty losing (Yes No) or gaining weight (Yes No)?
Activities: Interests/Sports: _____
Do you have trouble sleeping? Yes No. How do you de-stress?_____
Identity: Please mark how you consider your gender/sexuality:
Male/He/Him Female/She/Her They/them Other_____
Heterosexual bisexual queer lesbian nonbinary trans celibate Other_____
Support: Who is your main emotional support? _____
Pets? Yes No Is so, what type and names? _____
Faith background: _____
Do you feel safe at home? Yes No If not, why not? _____
Habits:
Caffeine: coffee/soda/diet soda/tea/energy drink? Yes No. How many servings/day? _____
Tobacco: Do you smoke/chew/vape/e-cigarette? Yes No.
Alcohol: Do you drink? Yes No. If yes, how many drinks/week? _____ of what? _____
Substances: Recreational drug use? Yes No. If yes, what type and how often?_____
Do you feel you have a problem with usage? Yes No. Interested in help regarding your usage? Yes No

Kate's Corner Osteopathic Care PLC



_____ Which number (0-10) describes your pain right now?
_____ Which number (0-10) describes your pain at its worst?
_____ Which number (0-10) describes your pain at its least?

Osteopathic History:
Birth History: (please circle or mark with X)
Mother's problems or illness when pregnant with you_____
_____
Delivery: Vaginal C-section Premature___weeks On-time Post dates__Birth Wt:_____
Feeding: Breast Bottle Problems: Feeding Colic Flat spot on head Head only turns one way Constipation
Other: _____
Childhood History:
Generally healthy Lots of ear infections Tongue/lip tied Headaches Depression Anxiety Behavior
Trouble with school/reading? yes no. Problems with bullying? yes no. Thoughts of suicide? yes no.
Illnesses/Injuries: _____
Dental: braces teeth pulled palate expander _____
Major Life Stressors: family death divorce Other_____

Review of Systems

(Please circle/x any symptoms/conditions you have experienced)

General:
Fevers
Problems with sleep
Concerns about weight gain

Cardiovascular:
Chest pain
Heart problems
Murmur

Respiratory:
Cough or wheezing
Short of breath
Asthma
Covid mild/severe
Exposure to Tuberculosis

Breast:
Pain or mass
Discharge

Blood:
Bruise easily
Swollen glands
Anemia/Polycythemia

Head, Eyes, Ears, Nose and Throat:
Eye problems
Difficulty swallowing
Hearing problems
Ear Infections as a kid
Recurrent sore throat
Allergies/Sinus problems

Gastrointestinal:
Reflux
Abdominal pain/spasm
Diarrhea/Constipation
Blood in bowel movement

Genitourinary:
Bladder infections/UTIs
Sexually active/ Birth control
Sores or pain in genitals
Discharges/Lumps/ Hernia
Kidney problems

Endocrine:
Fatigue, excess thirst or urination
Diabetes, thyroid problems
Growth or weight concerns

Musculoskeletal:
Joint pain/red/warmth/swelling
Neck, Back, Arm, Leg pain
Headache
Injury _____

Skin:
Rashes
Acne
Itching

Neuro/Psych:
Tremor/shaking
Hyperactive
Poor eye contact/Space out
Weakness in arm/leg
Seizure disorder
Life Stress problems
Recent family upsetting event
Trouble making friends
Developmentally behind
Anxious/Depressed/Suicidal

Kate's Corner Osteopathic Care PLC

Is there anything else you would like help with? _____
_____

Do you have any questions for me, about anything? _____
_____

INFORMED CONSENT FOR OSTEOPATHIC MANIPULATIVE MEDICINE:

I understand that Dr. Worden is a specialist in Osteopathic Manipulative Medicine (OMM) which includes hands-on medical treatment called Osteopathic Manipulative Treatment (OMT) for improved health and relief of pain and dysfunction. Research has shown these techniques to be safe and effective for many common conditions. The most common side effect is temporary aching or soreness from the technique releasing toxins that must be cleared by your body that may last for 1-3 days. This clearance is enhanced by drinking more water and resting your body. If it lasts more that 3 days or is severe, please contact Dr. Worden. Young adults may commonly sleep quite soundly the night following the treatment as the nervous system resets.
Rarely (1 per 3 million), OMT of the Cervical spine has been associated with severe neurologic injury or death. This has been found to occur in individuals who are predisposed to injury in this area and/or when hyperextension and hyper-rotation are applied during an outdated thrusting technique that is no longer taught in Osteopathic Medicine. Dr. Worden will screen you for such predisposition and avoids the outdated maneuver. Although it is very safe when done properly, if you would prefer, you may decline such a popping technique in the neck as many other techniques are available.
(Note the risk for a severe GI bleed from the use of an NSAID medication is 1-2 per 100)
I agree to the use of OMM as a part of my treatment with Dr. Worden.

Patient Signature_____

Parent Signature_____ **Date**_____

I understand that Dr. Worden is also a valued professor of OMM. I agree to have occasional advanced medical students or residents present and participating in my treatment when appropriate per Dr. Worden.

Patient Signature_____

Parent Signature_____ **Date**_____