



134 Rumford Avenue
Suite 208
Newton, MA 02466
Tel: (617) 431-4451
Fax: (617) 431-4456

Dear New Patient,

Thank you for choosing to make your first visit with us at Boston Osteopathic Health. We are looking forward to meeting you.

Enclosed find your new patient packet, which contains the most accurate directions to our office (back of this page), registration information, information disclosure consent, insurance information, and your initial office visit form. Please complete the relevant portions as accurately as possible and bring them along for your appointment. Also, fill out all high-lighted portions of the initial office visit form on page 1 and 2. **Lastly please plan to arrive 20 minutes early for your appointment time for registration process!**

Please feel free to contact our office with any questions or concerns about your upcoming visit. We are pleased to be a new part of your personal healthcare experience.

Best Regards,

The Staff at Boston Osteopathic Health

BOSTON OSTEOPATHIC HEALTH
134 RUMFORD AVE, SUITE#208
NEWTON, MA 02466

Please use these instead of internet directions. These are more accurate
HANDICAPPED PARKING AVAILABLE IN GARAGE UNDER BUILDING

Directions coming from the South:

Take Interstate 95N/MA-128North
Merge onto MA-30 (Commonwealth Ave) via exit 24
toward NEWTON/BOSTON 1.7 mi
Turn Left onto LEXINGTON STREET 0.8 mi
Turn Left onto RUMFORD AVE. 0.1 mi
***Turn Right into first drive (PACARD COVE OFFICE PARK).
134 Rumford Ave is the building set behind straight ahead across parking lot.
Our office is on the second floor, Suite #208***

Directions coming from the North:

Take interstate I-95S/MA-128 South toward LOWELL/WALTHAM
Merge onto MA-30(Commonwealth Ave) East via EXIT 24 toward NEWTON/BOSTON
1.1mi
Turn LEFT on LEXINGTON STREET 0.8mi
Turn Left onto RUMFORD AVE. 0.1mi
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Directions coming from the East/Boston:

Take I-90 West/MASS PIKE/MASSACHUSETTS
Take RT 16 East, EXIT 16, toward WEST NEWTON 0.4mi
Turn SLIGHT RIGHT onto WASHINGTON ST/MA-16 East 0.3mi
Continue following WASHINGTON ST, takes you in circle over MASS PIKE
Stay straight to go onto ELM STREET 0.3mi
TAKE 3RD Left on RIVER STREET 0.6mi
River STREET becomes RUMFORD AVE. 0.1mi
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Directions coming from the West:

Take I-90 East/MASS PIKE/MASSACHUSETTS
Take I-95 North-30/Route-128 North exit, EXIT 14, toward N.H.-MAINE/POINTS NORTH
1.2mi
Merge onto MA-30 via EXIT 24 toward NEWTON/BOSTON 1.0mi
Turn LEFT onto LEXINGTON STREET 0.8mi
Turn LEFT onto RUMFORD AVE. 0.1mi
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PATIENT REGISTRATION

Boston Osteopathic Health

134 Rumford Ave, Suite 208

Newton, MA 02466

Tel. 617-431-4451 Fax. 617-431-4456

TODAY'S DATE _____ / _____ / _____

Personal Information

Last Name	_____	Birthdate	_____ / _____ / _____	Age	_____
First Name	_____	Occupation	_____		
Home Address	_____	Employer Name	_____		
City/State/Zip	_____	Employer Address	_____		
Preferred Phone #	_____	Secondary Phone #	_____		
Cell _____	Work _____	Home _____	Other _____	Cell _____	Work _____
		Home _____	Other _____		

How would you prefer to be addressed? _____

Student? _____ NO / YES, FT / YES, PT

How did you hear about Boston Osteopathic Health? _____

EMAIL ADDRESS: _____

Is patient's condition related to work? YES / NO. If yes, date of injury _____ / _____ / _____ Name of Employer: _____

Is patient's condition related to an auto accident? YES / NO If yes, date of injury: _____ / _____ / _____

MEDICARE OPT-OUT NOTIFICATION:

Dr. William Foley and Dr. Kristin Foley are not contracted with Medicare. You agree by signing below not to request that Boston Osteopathic Health submit a claim for payment to Medicare for services. You also understand that no reimbursement will be provided by Medicare for services provided and that other supplemental insurance plans may or may not choose not to make payment for services furnished by physicians not participating with Medicare.

In Case of an Emergency

Name	_____	Relationship	_____
Address	_____	Phone Number	_____
City/State/Zip	_____		

I hereby certify that the above information is true and correct to the best of my knowledge.

Printed (Patient/Parent/Guardian)

Signature

Date

Boston Osteopathic Health (BOH)
Consent for Osteopathic Manipulative Treatment (OMT)

Please be sure you have read and understand the following information before signing this consent. If you have any questions, allow us to answer them to your satisfaction before giving your consent for treatment.

What is OMT?

OMT is a non-invasive manual medicine treatment that focuses on total body health by treating and strengthening the musculoskeletal framework including the joints, muscles, and spine. Its aim is to positively affect the body's nervous, circulatory, and lymphatic systems. This treatment is a holistic (whole body) approach to health care. Osteopaths do not simply concentrate on treating the problem area, but use manual techniques to balance all the systems of the body, to provide overall good health and wellbeing. As this is a hands on treatment, your osteopath will likely touch areas of your body including, but not limited to, your head, spine, pelvis, tailbone, coccyx, and limbs.

Benefits of Osteopathy

Potential benefits of OMT include reduction of pain or discomfort, greater flexibility and strength, restoration of symmetry, improvement in numbness or tingling, reduction of swelling, enhancement of the body's natural healing mechanisms, and improvement in function of the body's organs systems.

Possible Side Effects

OMT is generally very safe, well received, and painless, without complication. Mild soreness lasting 3-7 days after treatment is possible, and is usually considered a normal part of the healing process. Most commonly drowsiness, headache, or lightheaded feeling may occur temporarily. Training prepares osteopaths to examine and screen for potential difficulties that indicate where certain techniques should not be used, thereby avoiding patients being exposed to unnecessary risk. Serious side effects (fracture, disc herniation, and blood vessel injury) are extremely rare – they have been reported as occurring in between 1 in 400,000 to 1 in 5.85 million patients undergoing cervical spine high velocity thrusting manipulation. In comparison, NSAIDS, such as Advil, have an estimated risk of serious side effects (e.g. peptic ulcer or death) of 1 in 1000 patients. As in any form of medicine, unexpected risks or complications may occur. If, during the course of treatment, unforeseen conditions are discovered it may be necessary to alter or discontinue osteopathic manipulative treatment.

Acknowledgment

I acknowledge that I have read the above description about OMT, and understand possible risks and benefits of the OMT. I have informed the physician of any previously diagnosed conditions that may affect the treatment outcome. I am informed that BOH will not be providing routine internal medicine care for me and I am advised to have a primary care provider to provide my acute and chronic medical care. I understand that there is no guarantee that OMT will resolve my symptoms. I consent to the performance of OMT by the BOH physicians.

Signature _____

Print Name _____ Date _____



Cancellation Policy

Please let us know if you are not able to keep your scheduled appointment. We require 2 business days for cancellation.

- Cancellations made 2 business days or more before the appointment will not be charged.
- Cancellations made less than 2 business days will be charged \$50.
- Cancellations made less than 24 hours will be charged half the cost of the appointment.
- Appointments missed without notification will be charged the full cost of the appointment.

Please be aware that these charges are not billable to any insurance company; you have to pay them yourself.

Of course, if you have a true emergency, (such as an injury or significant illness) we will waive the charge.

We will understand if you show up late, but please know that we have to end on time so that we are not cutting into someone else's time.

I have read and understand the above policy:

Name: _____

Date: _____

Signature: _____

Signature _____ Date _____

BOSTON OSTEOPATHIC HEALTH

Initial Office Visit/OMM consultation

Date: _____

Patient Name: _____

DOB: _____

Primary care physician: _____

Occupation: _____

Referred by _____ for an osteopathic manipulative medicine consultation for below chief complaint.

Subjective:

Main Concern (chief complaint): _____

HPI: Onset/duration: _____ Location: _____

Location: _____

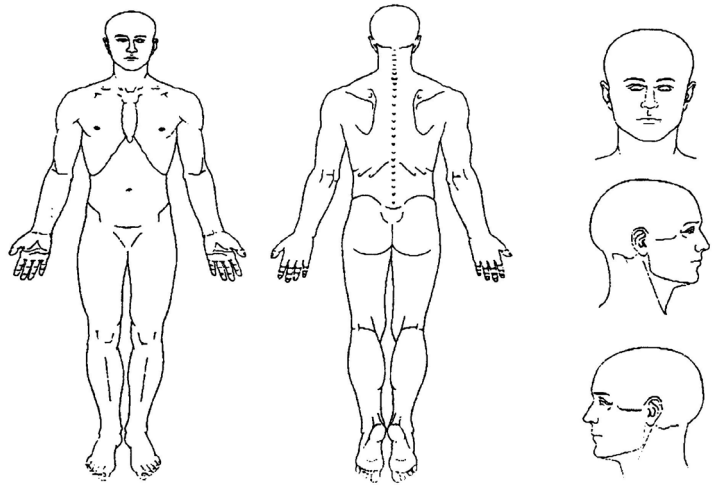
Description/quality: _____ Pain score: 0 1 2 3 4 5 6 7 8 9 10 _____

Pain score: 0 1 2 3 4 5 6 7 8 9 10 _____

Gets better with: _____ Gets worse with: _____

Gets worse with: _____

Trauma/mechanism of injury: _____



you may draw on the diagrams to illustrate symptoms

BOSTON OSTEOPATHIC HEALTH

Patient Name: _____

Date: _____

Medical history: *list any current or past medical diagnoses*

Surgical history:

Medications:

Vitamins/supplements:

Allergies: (Drug, food, contact, seasonal):

Obstetrical history: How many pregnancies? _____ How many children do you have? _____

Trauma history:

Social history: Tobacco: y/n____ Alcohol: y/n____ Drugs: y/n____ Caffeine: y/n____ Daycare/school: y/n____

Family history: Mother:_____ Father:_____ Siblings:_____

ROS: *circle any chronic or current symptoms, the remainder is negative*

Fatigue, weight loss, insomnia, change in vision, poor vision, ear pain, hearing loss, ear ringing, throat pain, hoarseness, sinus pain, nasal congestion, cough, shortness of breath, wheezing, chest pain, palpitations, nausea, vomiting, diarrhea, constipation, bloating, abdominal pain, acid reflux, urinary burning, incontinence, joint pain, muscle pain, headache, numbness, tingling, brain fog, dizziness, muscle weakness, bruising, bleeding, hair loss, dry skin, rash, intolerance to heat /cold, hot flashes, depression, anxiety, allergy to drug/environment/food

Physical Exam:

BP	Pulse	RR	Temp	Height	Weight	Pain
110/70	72	18	36.8	170	70	0
115/75	78	20	37.0	170	70	0
120/80	80	22	37.2	170	70	0
125/85	82	24	37.4	170	70	0
130/90	84	26	37.6	170	70	0
135/95	86	28	37.8	170	70	0
140/100	88	30	38.0	170	70	0
145/105	90	32	38.2	170	70	0
150/110	92	34	38.4	170	70	0
155/115	94	36	38.6	170	70	0
160/120	96	38	38.8	170	70	0
165/125	98	40	39.0	170	70	0
170/130	100	42	39.2	170	70	0
175/135	102	44	39.4	170	70	0
180/140	104	46	39.6	170	70	0
185/145	106	48	39.8	170	70	0
190/150	108	50	40.0	170	70	0
195/155	110	52	40.2	170	70	0
200/160	112	54	40.4	170	70	0
205/165	114	56	40.6	170	70	0
210/170	116	58	40.8	170	70	0
215/175	118	60	41.0	170	70	0
220/180	120	62	41.2	170	70	0
225/185	122	64	41.4	170	70	0
230/190	124	66	41.6	170	70	0
235/195	126	68	41.8	170	70	0
240/200	128	70	42.0	170	70	0
245/205	130	72	42.2	170	70	0
250/210	132	74	42.4	170	70	0
255/215	134	76	42.6	170	70	0
260/220	136	78	42.8	170	70	0
265/225	138	80	43.0	170	70	0
270/230	140	82	43.2	170	70	0
275/235	142	84	43.4	170	70	0
280/240	144	86	43.6	170	70	0
285/245	146	88	43.8	170	70	0
290/250	148	90	44.0	170	70	0
295/255	150	92	44.2	170	70	0
300/260	152	94	44.4	170	70	0
305/265	154	96	44.6	170	70	0
310/270	156	98	44.8	170	70	0
315/275	158	100	45.0	170	70	0
320/280	160	102	45.2	170	70	0
325/285	162	104	45.4	170	70	0
330/290	164	106	45.6	170	70	0
335/295	166	108	45.8	170	70	0
340/300	168	110	46.0	170	70	0
345/305	170	112	46.2	170	70	0
350/310	172	114	46.4	170	70	0
355/315	174	116	46.6	170	70	0
360/320	176	118	46.8	170	70	0
365/325	178	120	47.0	170	70	0
370/330	180	122	47.2	170	70	0
375/335	182	124	47.4	170	70	0
380/340	184	126	47.6	170	70	0
385/345	186	128	47.8	170	70	0
390/350	188	130	48.0	170		

Appearance:	Chest
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Head: _____ Eyes: _____

ENT:	Endo:
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Cardiac: _____ Resp: _____

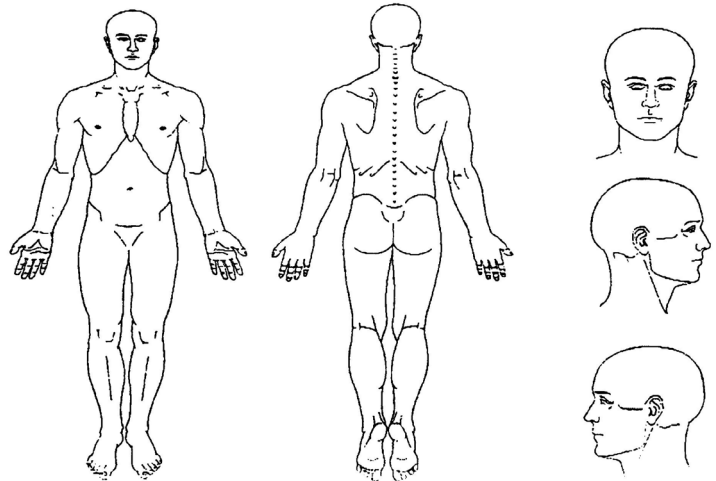
Abd: _____ Lymph: _____

Neuro:

Extremities: _____

Skin: _____

Musculoskeletal/osteopathic structural:



BOSTON OSTEOPATHIC HEALTH

Patient Name: _____

Date: _____

Region	Comments	A r t	B L T	C S	F P R	H V L A	M E	M F R	O C F	P H	S T	V i s	o t h
Head	OA E / F SS R / L, TMJ rest L / R, EV4, CV4, EV3												
Neck	C 1, 2, 3, 4, 5, 6, 7 PSM HT												
Thoracic	T 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 SM, PSM HT												
Lumbar	L 1, 2, 3, 4, 5 PSM HT												
Sacrum	SI Restricted R / L												
Pelvis	Innominate ant / pos / in / out / up / down R / L, Pubes res / comp												
Lower ext	L / R TC, TN, CC, 3 rd cun, IOM, Fib, Pat, Femur Prox / Dist												
Upper ext	L / R Clav, Scap, GH, IOM, carp, CMC, MCP, PIP, DIP												
Rib	L / R R1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12												
Abd	MFS PS, PU, Epi, RUQ, LUQ, RLQ, LLQ, LA Lymph Syphon												

Assessment:

ICD-10 code	Diagnosis	ICD-10 code	Diagnosis
		M99.00	Head
		M99.01	Cervical
		M99.02	Thoracic
		M99.03	Lumbar
		M99.04	Sacrum
		M99.05	Pelvis
		M99.06	Lower extremity
		M99.07	Upper extremity
		M99.08	Ribs
		M99.09	Abdomen/other

Plan:

☐ OMT discussed with patient/guardian including risks and benefits and consent was obtained for a trial for OMT.

OMT performed as above: 1-2 areas 3-4 areas 5-6 areas 7-8 areas 9-10 areas

OMT was tolerated well/poorly.

*Visit length (in minutes) ≥ 15 30 45 60

The patient had: ☐ improved motion, ☐ decrease restriction, ☐ less pain, ☐ decreased symptoms after treatment.

Osteopathic treatment was directed not only to the primary area of complaint, but also the secondary, biomechanical compensatory pattern associated with the primary area.

**Patient was counseled for _____ minutes regarding

Reevaluate and consider further treatment options in _____ Days _____ Wks _____ Mos _____ PRN

Physician: _____

Date: _____