

The Rock Clinic Association

INITIAL INTERVIEW FORM

Complementary Therapy

*Acupuncture, Aromatherapy, Herbal Medicine, Homoeopathy,
Osteopathy, Sports Massage*

Name:

Date:

Address:

Telephone number:

E-mail:

Age:

GP Name and Address:

Work: full/part-time/low waged
unemployed/student
(Please circle)

How did you hear of the Rock Clinic:

PLEASE COMPLETE THE TIMETABLE BELOW

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9.00 – 10.00					
10.00 – 11.00					
11.00 – 12.00					
12.00 – 1.00					
1.00 – 2.00					
2.00 – 3.00					
3.00 – 4.00					
4.00 – 5.00					
5.00 – 6.00					
6.00 – 7.00					
7.00 – 8.00					

Client Information Sheet

Ethical Policy

- The Rock Clinic Association endeavours to provide a safe and confidential service, operating within the limits of the law. It is committed to the principles of equal opportunities and open access. Confidentiality is held within the Rock Clinic Association team.
- Rock Clinic practitioners adhere to ethical guidelines of the professional bodies to which we belong, copies of which are available at Reception.

Evaluation

The Rock Clinic Association uses a standard evaluation system, which has been developed to help providers of other complementary therapies to deliver and develop the best possible services to clients seeking help for their physical difficulties. As part of the system, all clients are asked to complete a brief questionnaire before and after contact with the service. The information helps us to understand your health concerns and the degree to which we have been able to help.

About our evaluation:

- The first questionnaire is attached. It asks questions about you and your health
- Completing the questionnaire is entirely voluntary and you are free to choose whether or not you wish to complete them. If you decide not to complete the forms this will not affect your treatment in any way, nor will anything you put on the questionnaire. However the more people who complete the form, the more comprehensive the information is for improving the service.
- The information from the questionnaires will be treated as strictly confidential. No names are used on any questionnaire and no one outside the Rock Clinic Association will have access to your responses.

Enquiries

If you have any queries or require a copy of our complaints procedure, please ask the Receptionist, currently available weekday mornings between 10.00-1.00pm or leave a message on the answerphone outside these hours.

The Rock Clinic Association

INITIAL INTERVIEW FORM *Complementary Therapy*

Client Code:

1, Which complementary therapy are you interested in : please tick

Acupuncture Aromatherapy Herbal Medicine

Homoeopathy Osteopathy Sports Massage

2. Please describe the main problem with which you are seeking help

Best _____ ► Worst

3. Problem rating scale

1 2 3 4 5

However severe is this problem?

How much do you understand
this problem?

How well are you coping with
this problem?

How much has this problem affected
your mood?

How much bodily pain have you
had in the last 2 weeks?

During the last 3 months how many
times have you attended your GP?

During the last three months have you
attended hospital as a patient?

4. What are you hoping to get out of complementary therapy from the Rock Clinic Association?

(eg. Be free of pain, increased mobility, improved self confidence etc)

5. If this service was not available who would you have asked for help

Health services Friends/family Other clinic No one

Other
(please specify)