Rachis
CLINIC

Refer to a new patient

Surname: _____ First name: _____ Date of birth: _____

Phone: _____ Email address: _____

Please select below the evaluation or treatment options you would like:

☐ **Assessment by an occupational therapist**
Determine the impact of your patient's symptoms on their occupancy and whether they will benefit from functional rehabilitation. A report will be sent to you with our treatment recommendations.
- ➢ Attach the official prescription for occupational therapy (tick 2 evaluation sessions).

☐ **Occupational Performance Assessment (EPO)**
Measure a person's physical abilities through a series of functional tests, representative of the demands of daily life and/or work
- ➢ Attach the EPO form available in the prescription menu.
- ➢ Attach the official prescription for occupational therapy (check a series of 9 sessions).

☐ **Evaluation by a rehabilitative physician**
A report will be sent to you directly by the doctor with his recommendations for treatment.
- ➢ Attach the announcement letter and the latest medical reports.

☐ **Treatment Rachis Program (Lumbosacral / Cervico-dorsal)**
- ➢ Attach the official prescription for occupational therapy (check a series of 9 sessions).
- ➢ Attach the official prescription for physiotherapy (tick a series of 9 sessions/tick: "other: balneotherapy" for the Lavey-Médical and Cressy-Santé centers).

Spine® Program Inclusion Criteria

To be motivated to invest in his rehabilitation, with a view to optimising his hygiene of life in the long term.

Have a chronological response, which can beobjectified by the STarT Back questionnaire below.

To have carried out a treatment in the firstinstance, which does not allow for a satisfactory improvement in his capabilities.

Spine® Program Exclusion Criteria

Have Red Flags - Be under 16 years of age - Have cognitive and physical abilities that do not allow the pursuit of functional rehabilitation.

An interdisciplinary report will be sent to you after the first 4 individual sessions, as well as at the end of the treatment

☐ **Individual occupational therapy treatment: attach the official prescription for occupational** therapy.

☐ **Individual physiotherapy treatment: attach the official prescription of physiotherapy.**

☐ **Other requests:** psychologist, chiropractor, osteopath, nutritionist (surround the specialist)

Remember to enclose a medical synthesis with the latest imaging in your possession, so that the necessary prescriptions are needed, either by e-mail to: info@rachis.clinic, or by courier.

To ensure the quality and reimbursement of our services, no practice can begin without official medical prescriptions that are fully filled and secure.

We thank you for your understanding, and we thank you for our close collaboration.

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To orientate the treatment of your patient according to his risk of chronicity, we thank you for having him fill out this questionnaire.

Questionnaire STarT Back

Thinking about the last 2 weeks, tick your response to the following questions:

		Disagree 0	Agree 1
1	My back pain has **spread down my leg(s)** at some time in the last 2 weeks	☐	☐
2	I have had pain in the **shoulder** or **neck** at some time in the last 2 weeks	☐	☐
3	I have only **walked short distances** because of my back pain	☐	☐
4	In the last 2 weeks, I have **dressed more slowly** than usual because of back pain	☐	☐
5	It's not really safe for a person with a condition like mine to be physically active	☐	☐
6	**Worrying thoughts** have been going through my mind a lot of the time	☐	☐
7	I feel that **my back pain is terrible** and **it's never going to get any better**	☐	☐
8	In general, I have **not enjoyed** all the things I used to enjoy	☐	☐

9 Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
☐	☐	☐	☐	☐
0	0	0	1	1

Total score (all 9): _____ Sub Score (Q5-9): _____

High risk : Total score 4 or more & Sub-score (Q5-9) 4 or more

Medium risk : Total score 4 or more & Sub-score (Q5-9) 3 or less

Low risk : Overall score 3 or less (does not require the Programme Rachis®)

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