

Last name: _____ First name: _____ DOB: _____

Phone number : _____ Email address : _____

Please select below, the assessment or treatment options you require:

Occupational Therapy Profile Assessment

Determines the impact of your patient's symptomatology on their occupations and whether they will benefit from functional rehabilitation.

A report will be sent to you with our treatment recommendations.

- Attach the official occupational therapy prescription (check off 2 evaluation sessions).

Evaluation by a rehabilitation physician

A report will be sent to you directly by the physician with his or her treatment recommendations.

- Enclose the notification letter and the latest medical reports.

Programme Rachis® Treatment (Lumbosacral/Cervical-Dorsal)

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

- Attach the official occupational therapy prescription (check off a series of 9 sessions)
- Attach the official physiotherapy prescription (check off a series of 9 sessions/check off: "other: balneotherapy" for Lavey-Médical and Cressy-Santé centers)

Inclusion criterias for the Programme Rachis®

- Be motivated to invest in their rehabilitation, to optimize their lifestyle in the long term.
- Be at risk of chronicity, as assessed by the STarT Back questionnaire below.
- Have undergone a first-line treatment that did not lead to a satisfactory improvement in their abilities.

Exclusion criterias for the Programme Rachis®

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

Individual occupational therapy treatment: Attach official occupational therapy prescription.

Individual physiotherapy treatment: Attach official physiotherapy prescription.

Other request: psychologist, chiropractor, osteopath, nutritionist (Circle the specialist)

Please remember to attach a medical report with the latest images in your possession, as well as the necessary prescriptions, either by e-mail to: info@rachis.clinic or by post.

To ensure the quality and the reimbursement of our services, no treatment can be initiated without the official medical prescriptions fully completed and signed.

We thank you for your understanding and look forward to our next collaboration.

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	<input type="checkbox"/>	<input type="checkbox"/>
2	I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3	I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4	In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5	It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6	Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8	In general, I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>
9	Overall, how bothersome has your back pain been in the last 2 weeks ?		

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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®)