

**HYPERMED NEURORECOVERY MELBOURNE****HYPERMED THERAPY EVALUATION - 2010**

Date			
Preferred contact number?			
Email address?			
Condition?			
All boxes must be completed			
When you have completed all pages – please FAX : +61 3 9650 3150 or email: <a href="mailto:info@hypermed.com.au">info@hypermed.com.au</a>			
<b>PATIENT DETAILS</b>			
Patient's surname	First	Mr. Mrs. Ms. Child	Birth date  Age
Home address			
Occupation	Employer		Emergency phone number
Referral source			
<b>CLINICAL PROGRESS &amp; FUNCTIONAL OUTCOMES</b>			
When did you first attend HyperMED?			
What additional investigations were recommended by HyperMED?			
Was your program commenced initially? ( ) Daily ( ) Weekly ( ) Fortnightly ( ) Infrequent – no specific schedule			
What was a typical session? ( ) Hyperbaric Oxygenation ( ) Lokomat ( ) Power Plate ( ) Acupuncture ( ) Injections ( ) Supplements			
Typically how many hours each day attending ( ) Hyperbaric Oxygenation ( ) Lokomat			
How many hours did you receive during the initial saturation period? ( ) Hyperbaric Oxygenation ( ) Lokomat			
After the initial saturation period – how frequently did you re-attend? ( ) fortnightly ( ) monthly ( ) 4-6 months ( ) 6-12 months			
When you returned to HyperMED – did you receive short blocks of therapy? ( ) 1-2 days ( ) 3-5 days ( ) 1-2 weeks			
Approximately how many treatment hours before you started to notice functional changes?			

Did you experience a Herxheimer reaction?

Describe the reactions:

What functional changes did you observe? (↑) for improvement (—) no change (↓) indicating worse

Estimate a percentage (%) of functional change

- ( ) Mental function
- ( ) Sleep
- ( ) Speech
- ( ) Energy levels
- ( ) Fits or Epileptic seizures
- ( ) Mental Health issues
- ( ) Pain levels
- ( ) Numbness
- ( ) Mobility
- ( ) Spasticity
- ( ) Floppiness (low tone function)
- ( ) Injury re-occurrence
- ( ) Circulatory
- ( ) Swelling
- ( ) Breathing
- ( ) Headaches or Migraines
- ( ) Dizzy spells
- ( ) Blood disorders
- ( ) Heart problems
- ( ) Diabetes
- ( ) Bowel problems
- ( ) Urinary problems
- ( ) Reproductive problems
- ( ) Infective disorders

Overall are you satisfied with your progress?

Overall are you satisfied with your experience at HyperMED?

Any additional comments?

Patient/Guardian Signature

