



HYPERMED MELBOURNE

THERAPY EVALUATION

When Completed Fax **+61 3 9826 1818** Or Email: **info@hypermed.com.au**
 HyperMED - 643 Chapel St South Yarra 3141 T: +61 3 9826 9898

PATIENT DETAILS

Patient's Surname		First	Mr. Mrs. Ms. Child	Birth Date Age
Home Address			Telephone	
Local Or Specialist Medical Doctor	Doctors Address		Doctors Telephone	
Condition				

CLINICAL PROGRESS & FUNCTIONAL OUTCOMES

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 (Google search)?

Describe The Reactions You Experienced

What Functional Changes Did You Observe? (↑) For Improvement (—) No Change (↓) Indicating Worse

Estimate A Percentage (%) Of Improvement

- 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

Date

