



CLIENT REGISTRATION AND CONSENT FORM

CLIENT DETAILS

Title: (circle one) Mr / Mrs / Miss / Ms Date of Birth
Surname: First Name:
Address: Telephone: Home
Work
Postcode: Mobile
Email
Dr's Name: Private health fund
DVA Please provide #:.....
Clinic/Contact: Work Cover Please complete insurance details form
Third Party Please complete insurance details form

This information is not passed on to any other individual businesses or organisations

MEDICAL HISTORY

Medications: No Yes - please list:

Previous Surgery: No Yes - please list:

Serious Illness or Injury No Yes - please list:

Have you ever taken oral steroids, such as cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide and seretide)? No Yes

Do you have a pacemaker or other artificial implants? No Yes

Are you Pregnant? No or N/A Yes weeks

Do you, or have you ever had: (please tick all that apply)

- Circularoty problems (blood pressure, heart attack, stroke etc) Serious Injury
Diabetes Rheumatoid arthritis Thyroid problems
Osteoperosis Ankylosing spondylitis Epilepsy
Cancer Blood borne disease (hepatitis, HIV etc)

Please detail (if required):

How did you find out about Peak Physio? (please tick one)

- Walk in Family Friend Online media (search engine)
Print media (pamphlets, vouchers) Local Search Yellow Pages Facebook

Other:

Please complete other side

CONSENT AND POLICY

Physiotherapy is an effective and safe form of therapy. However, like most interventions along with the sought benefits of treatment there are possible side effects, and responses to treatments are unique per individual. Your physiotherapist will provide you with information about a treatment, along with the associated risks and benefits. Our physiotherapists are skilled and should be able to offer a variety of treatments to ensure you get results in a way that you feel comfortable with. This form is designed to inform you of your rights as well as to obtain your consent. You may choose to withdraw your consent at any time for whatever reason. This practice is committed to complying with the *Privacy Act 1998* and the *Australian Privacy Principles 2014*. Please refer to our **Privacy Policy**, attached to the clipboard, for further details.

MOBILE PHONES

Out of respect to others please turn your phones off or to silent.

INDIVIDUAL RESPONSE

Every individual has a unique rate of healing and response dependent on many factors, such as health, co-morbidities, periods of adequate rest etc. If you are concerned about your response to treatment, you are encouraged to discuss this with your physiotherapist.

REFERRALS

Word of mouth referrals are a great compliment and ensure the success of this clinic. We greatly appreciate your referrals of family and friends. Furthermore, if you have suggestions, comments, or complaints, we encourage you to inform our staff or submit in writing.

ACCOUNTS/FEES

Private patients are required to cover their fees at the time of service. We have installed HICAPS facilities for automatic and instant health fund claims to make this easier for you. Work Cover and DVA clients' accounts will be sent directly to the appropriate body as required.

SCHEDULING AND MISSED APPOINTMENTS

Your physiotherapist will develop a plan with you that takes into consideration your lifestyle and goals of treatment. It is of benefit to you that you are able to schedule your appointments in advance to ensure you can adhere to the plan to the best of your ability, as well as reserving a place in the physiotherapist's schedule. Although we will do our best to reschedule, missed appointments can delay your recovery. If an appointment must be changed, 24hours notice is appreciated.

*You may be liable of a fee of \$40 if you do not give adequate notice of 24hours to cancel an appointment. **This fee is not covered by compensable bodies.***

Pilates requires 24 hours notice for cancellation or you will be charged in full for the class.

INFORMED CONSENT

Once you have given consent you may withdraw that consent at any time

Your condition and treatment options will be discussed so that you are appropriately informed and, together with your physiotherapist, can make decisions relating to your treatment. You are entitled to refuse any form of treatment and are encouraged to communicate any concerns with your physiotherapist.

Personal Questions

It is your choice what and how much you choose to disclose

In order to obtain a clear picture of you injury and impact on activities of daily living or function, your physiotherapist may ask questions of a personal nature. The more relevant information you provide gives your physiotherapist details to create a specific and effective treatment plan for your requirements. Our staff adheres to the privacy and confidentiality act, but also understands the trusting relationship that is required for such disclosure of your personal information, and endeavor to treat this material with the upmost respect.

Physical Contact

If you feel uncomfortable at any time please inform your physiotherapist

It is likely that physical contact will be necessary during the course of examination, assessment and treatment. Again, you may withdraw your consent at any time and any physical contact will cease immediately. Please inform your physiotherapist if anything can be done to assist your comfort or if you have any concerns.

Children and Minors

For the treatment of a minor this form must be signed by a custodian. Presence of a parent or caregiver is requested for anyone under the age of 16 years receiving treatment.

Treatment Risks

Foreseeable risks will be discussed with you prior to administering treatment. Again, you may withdraw your consent at any time or request further treatment options.

WRITTEN CONSENT

I _____ (*print full name*) have read and fully understand the above form. I agree to the content of this form and give my written consent, valid until such time as I communicate the withdrawal of my consent.

Signed _____ Date _____
