

Title: [Mr/Mrs/Miss/Ms]      Male  Female

Surname:

First Name:

Date of Birth:  /  /

Street Address:

Suburb/ Postcode:

Telephone: [home]  [work]

Mobile:

Email

Occupation:  Company:

Your Dr's Name:  Private Health Fund:

Doctor's Address:

Do you give permission for mhealth Physio + Pilates to send a letter to your Doctor confirming that you have commenced Treatment?  Yes  No

**1. How did you find out about this practice?**

- Internet Search  Brochure/ Flyer  Lecture/ Course  Yellow Pages Online  
 Gym Member  Poster/ Advert  Directory Assist  Yellow Pages  
 Magazine  Our Website  My Doctor  Friend Referral: (Write name!) \_\_\_\_\_

**2. In which part of the body is your injury located?** \_\_\_\_\_

**4. Are you claiming through Worker's Compensation TAC?**  No [go to Q8]  Yes [ complete details]

Claim No: \_\_\_\_\_ Date of Injury: / / Insurer: \_\_\_\_\_ Case Manager: \_\_\_\_\_

**5. Have you seen another therapist before?**  No  Yes

**6. If YES was there anything you were not happy about?** \_\_\_\_\_

**7. What aspects were you happy with?** \_\_\_\_\_

**8. What TWO main things would you like to achieve by the end of today's session at *mhealth Physio + Pilates* ?**

A] \_\_\_\_\_ B] \_\_\_\_\_

**Conditions of Treatment**

**1. MISSED APPOINTMENT POLICY- PLEASE READ**

- 1. A fee of \$30.00 for 30 min appointments and \$40.00 for 45min onward appointments will be charged if you fail to attend an appointment.
- 2. If less than 24hrs notice is given for a cancellation, a cancellation fee may be charged. Considerations will be given for unavoidable circumstances.
- 3. A patient may be expected to remove certain articles of clothing to allow for a detailed musculoskeletal assessment
- 4. A patient is entitled to bring a chaperone if they so wish to.

**Liability:** *mhealth Physio + Pilates* accepts no responsibility for the treatment received. Any professional liability is between the patient and the individual therapist. [All *mhealth Physio + Pilates* physiotherapists are insured through their respective insurance companies]. *mhealth Physio + Pilates* adopts assurance protocols in accordance with the clinical guidelines as are specified by the Australian Physiotherapy Association.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[and / or parent / guardian if under 18 years of age]