

### Confidential Client Details

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Occupation \_\_\_\_\_ Ambulance Cover YES  NO

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Your GP/DR \_\_\_\_\_ Clinic Name \_\_\_\_\_

Private Health YES  NO  Health Fund Name \_\_\_\_\_

Are You Pregnant? YES  NO  N/A  Can you Swim? YES  NO

Are claiming through Workers Compensation / Motor Vehicle Accident? YES  NO

Are you with NDIS (National Disability Insurance Scheme)? YES  NO

If yes, how is your NDIS fund Managed? NDIS  Agency  Self-Managed

Do you have a Medicare EPC (Enhanced Primary Care)? YES  NO

Are you with DVA (Veteran Affairs)? YES  NO  Card Number \_\_\_\_\_

Are you taking any Medication/Supplements? Please List \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the reason for your visit today, how does it affect you in day to day life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have or have you ever had? (Please tick all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bladder/bowel problems             | <input type="checkbox"/> Infective Skin Conditions | <input type="checkbox"/> Open Wounds             |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Pacemaker                 | <input type="checkbox"/> Epilepsy                |
| <input type="checkbox"/> Recent unexplained weight loss     | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Joint Replacements/Metal Implants  | <input type="checkbox"/> Heart attack              | <input type="checkbox"/> Neurological Conditions |
| <input type="checkbox"/> Trauma/Fracture                    | <input type="checkbox"/> High blood pressure       | <input type="checkbox"/> Arthritis               |
| <input type="checkbox"/> Respiratory conditions             | <input type="checkbox"/> Recent surgery            | <input type="checkbox"/> Hearing aid             |
| <input type="checkbox"/> Any other medical conditions _____ |  |  |

How did you hear about us, e.g. family/friend, social media etc.? \_\_\_\_\_

## Disclosure of Privacy

All the above information is correct to the best of my knowledge.

I give permission for other service providers, such as specialists, doctors, case managers, rehabilitation consultant and/or appropriate health practitioners to have access to personal information to assist my recovery.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Clinic Policies

**Fees Payable** It is the policy of this practice that accounts are paid on the day treatment is provided. In the event of a collection process being initiated I agree to pay all costs incurred until such time as all outstanding debts are cleared. Third Party and Liability cases are required to pay at time of treatment.

**Cancellation Policy** Missed appointments will set you back in your recovery, so we ask that wherever possible you keep all your appointments. If an appointment must be changed, 24hrs notice is appreciated. If less than 24hrs notice is given for a cancellation, a fee may be charged. Consideration will be given for unavoidable circumstances. All missed appointments must be rescheduled within 24hrs to avoid a cancellation fee.

**This fee is not covered by compensable bodies and must be paid by the patient.**

Please note that last-minute cancellations may occur on behalf of Countrywide Physio. For example (and not limited to), if a practitioner calls in sick, there is a power outage, or equipment is faulty that prevents your appointment from going ahead (e.g., breakdown of the pool lifter). In this instant, Countrywide Physio will contact you as soon as possible to notify you of the issue and to reschedule your appointment at the soonest convenience. There may also be the rare chance that we cannot notify you of this cancellation until the last minute, for example, if the incident causing the cancellation happens just prior to your scheduled appointment. If this occurs, Countrywide Physio are not responsible for the costs that may have been incurred by you to travel to the clinic/pool (e.g., for those who require transport and support), as the situation was unavoidable.

**Mobile Phones** Out of respect and courtesy for others and our practitioners, please turn off your mobile phone in the waiting area and during consultations.

**Appointment Scheduling** Your physiotherapist will outline a recommended action plan as the best plan for your injury. You will achieve the maximum results when you keep your recommended action plan to this schedule. Therefore, to receive the most out of your care and to save time we ask that you schedule your appointments in advance.

**I have read and fully understand the above Clinic Policies.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

PMP (Physio Management Plan Office use only)	Physio	PMP visits requested (including initial)		
	New patient (NP) or existing (NOP)	Breakdown	Physio x	Hydro x