**Contact details**

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| --- | --- | --- | --- | --- | --- |
| Title: | Surname: | | | Given names: | |
| Date of birth: | | | | Occupation: | |
| Phone: | | | | Email address: | |
| Postal address: | | | | Names of other family members who attend the practice: | |
| Suburb: | | State: Post code: | |
| **How did you hear about us?**  Family or friends told me about you  I Google searched Physio My GP/Specialist  Social Media  I walked past your practice  Advertising  Other (please specify): Please list your referrer's name and contact details so we can send them a thank you gift: Name: Phone: Email: | | | | | |
| **Next of Kin (Emergency contact)** | | | Name: | | Phone: |
| **Doctor (GP)/Specialist** | | | Name**:** | | Phone: |
| Is your visit related to **WorkCover / Insurance / Veterans Affairs (DVA) or Medicare?** (please circle)  Claim/card number: Contact: | | | | | |

**Terms and conditions**

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| 1. ***PAYMENTS & 24-Hour Policy***  Appointments rescheduled or not attended with less than 24 hours’ notice will be charged at full fee rate for the time you booked, as per Australian Physiotherapy Association Guidelines\*. (Third parties cannot be billed directly, therefore it is solely your responsibility as a client to pay for late notice fees). If you have an appointment booked and need to reschedule, you must contact us to let us know with 24 hours’ notice. We understand that emergencies happen, and consideration is made of the circumstance.Reminder SMS and email: If you provide a mobile contact number and email address a courtesy SMS and email reminder will be sent the day prior to your appointment. Please indicate your acceptance of our Payments & 24-Hour Policy: Yes  No   1. ***PRIVACY POLICY***   By signing these terms and conditions, you confirm that you agree with the terms of our privacy policy. A copy of our privacy policy is available at reception and on our website (<https://www.centralphysiohealth.com/privacy-policy/>).  Please indicate your acceptance of our privacy policy: Yes  No |
| I the undersigned, hereby declare that I have read, understood and agree to the terms and conditions. I also certify that all the information above is true and correct.  SIGNATURE: DATE: |

**How can we help you?**

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| --- | --- | --- | --- |
| **CURRENT COMPLAINT:** What is your **main problem** that you would be most satisfied if you had it *‘fixed’ first?* | | | |
| **Mechanism:** Was there an incident when this problem started? Yes  No  If yes, please describe the incident: | | | |
| **Functional Limitations -** What are the main movements or activities that you are having problems with? (e.g. Rotating neck while driving / walking up stairs). | | | |
| **Personal Understanding -** What is your understanding of the problem? What do you think is going on? | | | |
| Do you have any other problems/concerns you would like addressed? | | | |
| **PREVIOUS TREATMENT:** Have you received any type of health care for your problem previously? (tick all that apply): | | | |
| Physio  Chiro/Osteo | GP  Specialist/Surgery | Prescribed medication Podiatrist | Massage  Acupuncture |
| **MEDICAL HISTORY (tick all that apply)** Other illnesses:  Survived cancer:  Scans/X-rays/tests performed:  Any types of medication:  If you ticked any boxes above, please provide details: | | | |

**How can we meet your expectations?**

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| --- | --- | --- | --- |
| What information would you like to know from your therapist during your initial consultation?  1.  2.  3. | | | |
| Have you set long term goals for your treatment with us? Yes  No  I need help with this goal | | | |
| If yes, my long-term goal from treatment with you is: (E.g. I would like to be able to run 5km pain free in 3 months’ time) | | | |
| Is there a specific reason you are coming to see us and not another practice? Yes  No  If yes, the reason is? (E.g. our thorough assessments, our exercise program/groups sessions, our location) | | | |
| **Do you have anyone in your life who could support you on your rehab/health journey?**  You will recover faster and remain healthier for longer when the people in your life join you in your health journey. (Examples of supporters are your training partner, family, friends, coach or PT, GP or employer)  We offer to communicate with your supporters to help them support you. | | | |
| **Supporters:** | **Name:** | **Email:** | **Phone:** |