

## PATIENT REGISTRATION FORM

Today's date: \_\_\_\_\_

(Please use CAPITAL LETTERS and print clearly, thank you)

### PATIENT INFORMATION

Surname:			First:			Middle:			
<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			Date of Birth:			Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:					Suburb:			Postcode:	
Home Phone:			Work Phone:			Mobile:			
Email:									
Occupation:					Company:				
Your Doctor's Name:				Doctor's Address:					
Do you give permission for us to send a letter to your Doctor confirming that you have started treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, Fund Name:				
Do you have a Medicare EPC (Enhanced Primary Care) plan from your Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are you claiming through Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Employer: _____					Contact Person: _____				
Employer's Address: _____					Phone: _____				
Occupation: _____					Date of Injury: _____				
Insurer: _____			Claim No: _____			Case Manager: _____			
Insurer's Address: _____					Phone: _____				

### REFERRAL INFORMATION

Did a friend refer you to this clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what is your friend's name and number so we can thank them for the kind referral?		
If not a friend, how else did you find out about this clinic? <i>(Please tick an option below)</i>		
<input type="checkbox"/> Facebook	<input type="checkbox"/> Google search	<input type="checkbox"/> Another search engine: _____
<input type="checkbox"/> Arthur Street Signage	<input type="checkbox"/> Lecture / Seminar	<input type="checkbox"/> Gym New Member Pack <input type="checkbox"/> Gym Shirt Advertising
<input type="checkbox"/> From my Doctor: _____	<input type="checkbox"/> From my Golf Pro: _____	
<input type="checkbox"/> From my Personal Trainer: _____	<input type="checkbox"/> Other: _____	
Are you a member of a Gym? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which one? _____	
Do you have a Personal Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who? _____	
Are you a member of a Sports Team? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which team? _____	

### PAST MEDICAL HISTORY

Do you have (or previously had) any medical conditions the physiotherapist is required to know about? *(please tick)*

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Cancer	<input type="checkbox"/> Spinal fracture
<input type="checkbox"/> Heart attack / problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Spinal surgery
<input type="checkbox"/> Thyroid problems	<input type="checkbox"/> Osteoporosis (thinning of the bones)	<input type="checkbox"/> Other surgeries
<input type="checkbox"/> A pacemaker	<input type="checkbox"/> Osteoarthritis (joint "wear and tear")	<input type="checkbox"/> Dislocations
<input type="checkbox"/> An aneurysm	<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Ligament injuries
<input type="checkbox"/> Strokes / Blood clots	<input type="checkbox"/> Ankylosing spondylitis	<input type="checkbox"/> Cartilage injuries
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Psoriatic arthritis	<input type="checkbox"/> Lung problems

Have you ever taken blood thinners (ie. aspirin/warfarin)?  Yes  No

Have you ever taken oral steroids (ie. prednisolone)?  Yes  No

Have you recently had any unexplained weight loss?  Yes  No

Do you take any medications?  Yes  No **If Yes, please list** \_\_\_\_\_

### PREVIOUS TREATMENT

Have you seen another physiotherapist before?  Yes  No

If Yes, was there anything you were not happy about? \_\_\_\_\_

What aspects were you most happy with? \_\_\_\_\_

What are the TWO main things you would like to achieve by the end of today's session?

1. \_\_\_\_\_
2. \_\_\_\_\_

What is this problem you are here for stopping you from doing? (ie sleeping, golf, playing with grandchildren)

Why is it important that you get this problem fixed NOW? (ie I need to run a half marathon in 4 weeks' time)

### IN CASE OF EMERGENCY

Contact Person:	Relationship to patient:	Home phone no:	Mobile:
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### INFORMED CONSENT

I consent to the assessment and treatment recommended and performed by *Spine & Sports Physiotherapy* in accordance with the governing body's professional guidelines. This may include joint mobilisations, manipulation, manual therapy techniques, soft tissue massage, acupuncture and/or electrotherapy modalities. I understand that before treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at the time. *Spine & Sports Physiotherapy* accept no responsibility for treatment received - any professional liability is between the patient and the individual treating therapist - all physiotherapists are insured via their own personal policies. By signing this form I am in agreement with these terms and conditions.

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Date**

## CLINIC POLICY

### Our vision:

“To provide exceptional physiotherapy and healthcare services, where patient care and customer service is of the highest quality and integral to our practice. We strive to maintain our reputation as the leaders in “hands-on” physiotherapy and exercise rehabilitation, and enjoy working with patients in a friendly and relaxed environment, based on empathy and individual care.”

### We promise to:

- ✓ Always be on time as we understand your time is as precious as ours.
- ✓ Commit to excellence in physiotherapy. Our physiotherapists are consistently improving their clinical skills with regular attendance at professional development seminars.
- ✓ Be open in our communication. We promise to provide outstanding healthcare, give clear guidance and refer to a specialist if necessary.
- ✓ Respect your privacy. All patient information is kept securely and only released to third parties upon written permission from the patient.

### We expect you to:

- ✓ **Arrive on time with your mobile phone switched off.** We need to start and finish at the scheduled time to maintain a consistent and excellent approach to healthcare treatment and customer service. Any delay will reduce treatment time and may impact on the recovery progress.
- ✓ **Pay at the time of consultation.** *Spine & Sports Physiotherapy* does not offer credit. HICAPS facilities are available allowing instant rebates for most private health funds. Workcover and DVA patient accounts will be sent directly to the appropriate body. Should the claim be rejected in any way, the patient will be responsible for payment of accounts for any and all physiotherapy services received.
- ✓ **Respect our Late Notice Policy.** Missed appointments are an inconvenience to the clinic and our other patients (we have a long list of people waiting to get an appointment at all times), and generally means that you will require more treatment to recover. Should any patient cancel or not attend a scheduled appointment without providing 24 hours' notice, a fee equal to the consultation will be charged. People who repeatedly miss or reschedule appointments will regretfully be discharged from care.
- ✓ **Refer your friends and family.** The greatest compliment we can receive is the referral of a friend or family member. If you are happy with the outstanding service you have received at *Spine & Sports Physiotherapy*, we ask that you kindly refer your friends and family so they too can enjoy the highest level of attention possible.
- ✓ **Provide feedback.** We value your opinion and in order for us to continue to improve our services we would appreciate if you could take a few moments to provide feedback detailed in the email which will be sent to you following your initial consultation.

We want you to get the most from your care at *Spine & Sports Physiotherapy*.

Name: \_\_\_\_\_

I have read and understand the above Clinic Policy.

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