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| **New Patient Registration Form** |
| **Personal Details *Note: Please print clearly. All fields marked \* are mandatory.***  \***Mr**  **Mrs**  **Miss**  **Ms**  **Other**:       **Gender:**       **\*D.O.B:**      /      /  PLEASE NOTE: PATIENTS UNDER 16 YEARS MUST BE ACCOMPANIED BY A PARENT / GUARDIAN DURING CONSULTATION  \***Given Name(s):**  **Surname:**  **Preferred Name:**       **\*Email:**  \***Address**:       **\*Postcode:**  \***Mobile**:       **Alt. Phone:**       **Occupation:**  **Emergency contact**  **\*Name:**       **Relationship:**       **\*Contact:** |
| **Doctor’s Details**  **GP name:**       **Clinic**:       **GP** **Referral**: Y  N  **Is** **the** **referral** **a** **Medicare / EPC**: Y  N  **Account and Claim Information - *Are you claiming under any of the following? (please tick)***  **Private** **Health** **Insurance**  **DVA**  **TAC**  **Work** **Cover**  (Please provide paperwork if applicable)  **Other**:       **Fund** **name**:       **Claim** **Number**: |
| **How did you find out about us?**  **Doctor**  **Website**  **Facebook**  **Google**  **Health** **Insurance**  **Advertisement**  **Word** **of** **Mouth**  **Sports** **Club**  **Signage**  **Other**  **Name**: |
| **Medical History: *Please indicate if any of the following apply (please tick)***  **Allergies**   **High / Low blood pressure**   **Diabetes**   **Heart** **Conditions**  **Cancer /** **Tumours**  **Stroke**  **Neurological disorders**   **Contagious / Infectious disease**  **Continence Concerns**  **Pregnant**  **Other**  **Previous / Recent Surgery**  **Procedure(s) (date):** |
| **Current problems / injuries**  **Main reason for seeking Physiotherapy services:**  **How long has this been a problem?**  **Have you had this or a similar problem in the past?** **Y**  **N**  **If so, when did it first begin?**  **If you are experiencing pain, how would you describe the pain?**  **How severe is it? Pain level on a scale 0 - 10:**  **Since the problem began is it:** **Improving**  **Worsening**  **About** **the** **same**  **What makes the problem worse?**  **Are you seeing / have you seen other health professionals for this problem?** **Y**  **N**  **If yes, please list:**  **Anything else you would like to mention?**  *For office use only:*  Scanned date: Entered in Cliniko: Y **□**  Date: Signed: |
| **Appointment Reminders**  Please select how you would like to receive reminders for future appointments:  SMS (Preferred)  Email  **Further Information**  Would you like any information on the other services we provide at our clinic?  Physio Exercise Program  TMJ (Jaw problems)  Falls and balance  Women’s / Men’s Health / Incontinence    **Home Exercise Programs**  Your physiotherapist may provide you with exercises to be completed at home between appointments via the smart phone application PhysiApp. A link and guide on using the app will be sent to your email after your appointment (if applicable).  **Privacy Policy**  Get Set Physio is committed to complying with the PRIVACY ACT 1988 and the Australian Privacy Principle 2015 and the privacy provisions of all applicable legislation. This privacy policy covers all personal information we hold, that is information, or an opinion about an individual, whose identity is apparent, or can be reasonably ascertained, from that information or opinion. This includes information we have collected from people through our clinic, over the phone and over the internet.  For further details see our full Privacy Policy document located at the front desk.  In order to provide the best relevant services and treatments, your treating practitioner may be required to collect supplementary information regarding your condition e.g. from your GP, specialists, X-ray and other imaging reports etc.  **Payment and Cancellations**  I will pay any outstanding account held by me at Get Set Physio. If you are unable to attend a scheduled appointment, you must notify the front desk no later than 8 hours before your appointment so that patients on the waiting list may be contacted. **Late cancellations within 8 hours will incur a 50% payment charge, and failure to attend appointments without notification will incur a full payment charge.**  **Marketing Information**  Your personal details and information will never be given out or used for any 3rd party marketing. Your personal details may be used for internal marketing/offers or promotions within Get Set Physio. These offers / promotions may be communicated via SMS and/or email to the contact details provided.  **Do you agree to receive internal communication regarding offers/promos & other marketing information within Get Set Physio?**  Y  N  -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  **\*I agree and consent to all of the above:**  \***Print Name:**  \***Patient Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Date**:  **Consent from parent / guardian if patient is under 16 years of age.**  \***Print Name**:  \***Parent / Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Date**: |