

New Patient Registration Form

Surname: _____ Preferred Title: _____

First Name(s): _____ Gender: _____

Date of Birth: _____ Occupation: _____

Home Address: _____

Suburb: _____ Post Code: _____

Phone: Home: _____ Work: _____

Mobile: _____ Consent to SMS reminders: Yes No

Email: _____ Consent to email communication: Yes No

Emergency Contact/NOK: _____ Phone: _____

Dr's Name: _____

Dr's Address: _____

Private Patients: Do you have private health insurance? Yes No

Fund Name: _____

Medicare Card: _____ Patient Ref: _____ Expiry date: _____

DVA Card: _____ Expiry date: _____

Do you have a Chronic Pain Management Plan (CCMP) from your Doctor? Yes No

Are you claiming treatment through?

Workers Compensation

Motor Vehicle Ins

DVA/NDIS

How did you find out about Gosnells Physiotherapy?

Advert

Brochure/Flyer

Yellow Pages

Our website

My doctor

Family/Friend

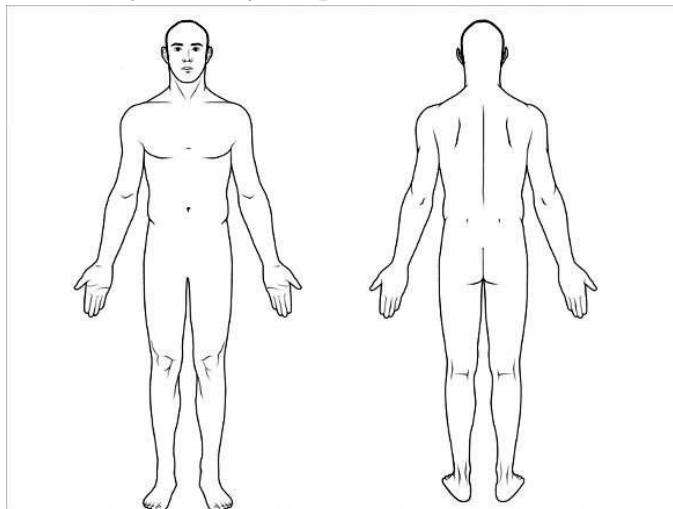
Online search engine

Preferred health fund provider

Name: _____

Physiotherapy Confidential Patient Case History

Indicate on the sketch below where you feel your problem(s) to be:



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

1 _____ 2 _____

Why is it important that your injury/problem is eliminated as soon as possible?

On a scale of 0 – 10, how important is it that you make a 100% recovery

0 1 2 3 4 5 6 7 8 9 10

Please list any other health professionals you have seen for this problem:

Medical Doctor _____

Specialist/Surgeon _____

Chiropractor /
Osteopath / Other _____

Have you seen another physiotherapist before? Yes No

What aspects were you
happy or unhappy about? _____

Please list any medications and/or supplements you are taking:

Have you ever taken steroid medications such as oral cortisone or prednisone
(including asthma medications such as Pulmicort, Symbicort, Flixotide and
Seretide)? Yes No

Are you pregnant? Yes No Not Applicable

Do you have or have you ever had? (please tick)

Heart Attack/Problems

Cancer

Diabetes

High blood pressure

Osteoporosis

Dislocations

DVT / Blood Clots

Rheumatoid Arthritis

Ligament injuries

Strokes

Osteoarthritis

Cartilage injuries

A Pacemaker

Spinal fracture/Surgery

Dizziness/Vertigo

Clinic Policy

Our goal is to deliver a professional, prompt and friendly service providing you with the best in physiotherapy care. To receive the greatest benefit from our services we ask that you read through the following points and policies.

Mobile Phones: We kindly ask that you turn off or put your mobile phone on silent when in treatment rooms.

Fees and your account

Fees for private patients are due on the day of treatment. HICAPS and EFTPOS facilities are available for automatic claiming through private health funds. Workers Compensation, Motor Vehicle and Department of Veterans' Affairs accounts will be charged directly to the appropriate body. Medicare CCMP claims will be claimed directly through HICAPS.

Referrals

All medical body referrals are accepted at Gosnells Physiotherapy however you do not require a referral to visit us. Referral of family and friends is very much appreciated.

Appointments

Our therapists will assess your problem and together with you, will decide on an action plan to facilitate your recovery. To receive the maximum benefit, we ask that you follow our recommended plan and where possible book your appointments in advance.

Cancellation Policy

Missed appointments will delay recovery so please keep appointments. At least 24hrs notice is required if you need to change or cancel an appointment. A cancellation fee will be charged if you fail to attend or give less than 24-hours' notice. We will give due consideration to unavoidable circumstances. Missed appointment fees are not covered by compensable bodies and must be paid by the patient. NDIS patient cancellation will be given upon plan acceptance.

X-rays and Scans

Results from x-rays and scans assist our physiotherapists to diagnose and treat your condition. Please bring them along to your appointment or ask our reception staff to contact the relevant radiology provider. Your signature at the bottom of this form gives Gosnells Physiotherapy authority to do so.

Correspondence

Our therapists will contact your nominated Doctor to inform them of your progress. Gosnells Physiotherapy considers building a team of health care professionals to be the best method to achieve your health goals. Your signature, below gives permission for us to exchange information with your Doctor, Allied Health Professional, Medical Specialist, Lawyer and third-party Insurance/ Work cover/ NDIS Case Manager. This exchange of information is treated with the utmost confidentiality.

I _____ (full name), have read and understood the above information relating to Clinic Policy, Cancellation Policy and Consent for Treatment. I offer my consent to receive treatment at Gosnells Physiotherapy. I agree to this consent remaining valid until such times as I withdraw my consent.

Signed _____ Date _____