

Client Registration and Consent Form

We are committed to providing our clients with the best care and to do this it is essential that your health records are up to date and accurate. Could you please assist us by completing the following?

Title	(Please circle)	Mr	Mrs	Ms	Miss	Other:
Surname						
First Name						
Date of Birth						
Street Address						
Suburb / Post Code						
Home Phone						
Work Phone						
Mobile Phone						
Email	Do you consent to your physiotherapist contacting you via this email regarding your treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Private Health Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No Company : _____					
DVA Gold / White (Veterans Health Card)	<input type="checkbox"/> Gold	<input type="checkbox"/> White	Expiry Date	_____		
Workers Compensation, TAC or Third Party Insurance *see below	Claim # _____	Date of Injury: _____	Company Name:	_____		
			Case Manager:	_____		
Employer (if Work Cover)	Company Name: _____ Contact Person at Work: _____ Phone: _____					
Emergency Contact (person to contact if needed)	Name: _____ Phone: _____ Relationship: _____ (B/H) _____ (A/H) _____					
GP/Local Doctor Details:	Doctor name: _____ Clinic Name: _____ Clinic Address: _____ Phone: _____					

*Workcover and TAC clients please note:

If you do not produce a claim acceptance letter or your treatment is not currently covered you will be required to settle the account in full at the time of your appointment.

How did you find out about us?

- Medical Professional
 Google/Internet
 Local/Walk by
 Current/Former Client
 Friend/Relative
 Dance Teacher
 Advertisement
 DMA Course
 DMA Staff
 Other: _____

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Doctor/Physio - Referred by: _____ Phone: ____
Clinic Name: _____

Your **Personal Health Information and your Health Record** may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating physiotherapists, general practitioners, specialists or allied health professionals
- For follow up reminder / recall notices
- For National/State or territory registers
- For State/Territory reminder systems
- Accounting / Medicare / Health Insurance procedures
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For use by all physiotherapists in this group practice when consulting with you
- For legal related disclosure as required by a court of law (e.g. subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)

If you have any concerns or wish to restrict access to your personal health information please discuss these with your physiotherapist or receptionist. This practice adheres to National Privacy Principles (www.privacy.gov.au) and has a written policy, which is available to all clients for inspection.

Do you hold a valid concession card? (Please tick which one applies to you if any)

Pension Card Low Income HealthCare card Student Card DVA card Other: _____

Our practice may provide clients with a reminder if you haven't attended consultations as planned with your physiotherapist.

Do you consent to have any relevant reminders sent to you?

Yes- by mail Yes- by email to the above email address Yes- by SMS to the above mobile phone No

If we need to contact you what is your preferred method of contact:

Phone Email Mail

Do you consent to your physiotherapist communicating with your referring doctor or case manager?

Yes No

Do you consent to the use of your de-identified health information used by our practices/physiotherapists for research purposes? Yes No

Would you like to receive more information on keeping healthy and our practice news? Yes No

Do you have an implanted cardiac pacemaker? Yes No

Signature: _____ **Date:** _____

Cancellation Policy:

Please be aware 6 hours notice of appointment cancellation or postponement is required on all services otherwise the full fee may be charged.

In the circumstance of Workcover or TAC this will be billed as a private charge to the client as cancellation fees are unclaimable.