East Boundary Road
PHYSIOTHERAPY
Registration Form

E: info@ebrphysio.com.au
F: 9579 6130
T: 9570 1254

Date: / /

Please complete both pages and sign consent

Title: ..... **Surname:** .....

Given name(s): ..... **Known as:** .....

Address: .....

Suburb: ..... **Postcode:** .....

Phone No. Mobile: ..... **Home:** ..... **Work:** .....

Are you happy for your appointments to be confirmed by SMS: YES / NO

Email: .....

Are you happy for your treating physiotherapist to communicate with you via email: YES / NO

D.O.B.: / / **Occupation:** .....

Pensioner / Health Card / Full-time Student

GP Name & Address: .....

Specialist Name & Address: .....

Referred by: GP / Specialist / Other: .....

Next of Kin / Emergency Contact Person: .....

Relationship to you: ..... **Contact number:** .....

Are you happy for your treating physiotherapist to communicate with your GP / Specialist: YES / NO (please circle)

Payment Method: (please tick)

Private: ☐ *If yes, do you have private health cover with extras?* ☐ Yes ☐ No

CDM (Medicare): ☐ Medicare No: __ __ __ __ __ __ __ __ __ __ __ / __ Exp. Date: /

DVA: Gold Card ☐ White Card ☐ DVA Number: .....

WorkCover: ☐ Transport Accident Commission (TAC): ☐

For WorkCover and Transport Accident Commission (TAC) Patients:

Claim Number: .....Date of Injury/Accident:.....

Insurance Company: .....

Name of Case Manager: .....

For WorkCover Patients:

Employer: ..... Employer Address: .....

.....

Contact Person: ..... Contact Number: .....

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Informed Consent Form

The physiotherapists in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent to, or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

Please read and sign the following:

Questions of a personal nature
Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. It is your choice what information you choose to provide.

Physical contact
During the examination, assessment and treatment it may be necessary for your physiotherapist to make physical contact. Your physiotherapist will ask your permission before making physical contact with you in any way.

Risks related to treatment
As with all forms of treatment, there are risks and benefits. The physiotherapist will discuss any foreseeable risks with you prior to administering treatment. In some cases, the physiotherapist may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved.

Children and minors
Consent from a custodial parent is required to treat a minor.

Substituted Consent
Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

You need to let us know
The risk related to some treatments can increase if the physiotherapist is not aware of certain facts. Please inform the physiotherapist if you have:

- A pacemaker or heart condition
- Suffered from blood clots, thrombosis or stroke in the past
- Suffer from diabetes
- Are currently taking any medication

Informed Financial Consent
I accept responsibility to pay the fees charged by the practice for treatment. I accept fees incurred for late cancellations or failure to attend appointments as per the EBR Physio Fee Schedule.

I accept responsibility to pay the fees charged by the practice for treatment. If I am being provided treatment under a workers' compensation claim or motor vehicle accident insurance claim, wherever legally permitted, I am liable for all fees until they have been paid by the relevant insurer or if payment is denied/rejected.

In the event of my account being in default the practice may take action to recover all outstanding monies. I shall be liable for all resulting costs arising from the recovery; including commission which would be payable if the account is paid in full and legal costs including demand costs.

I, [full name] _____ have read and understood the above statements relating to consent for treatment. I offer my consent to receive treatment within the practice. I agree to this consent remaining valid until such time as I withdraw my consent.

Signed: …… Date: / /