

Therapy for Life

PHYSIOTHERAPY

Treating ages: 0 - 120

Client Detail Form

PLEASE FILL OUT FORM WITH BLOCK LETTERS

Surname: _____	Home Phone: (____) _____
Given Names: _____	Work Phone: (____) _____
Preferred Name: _____	Mobile Phone: _____
Date of birth: ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/> Country of Birth: _____
Are you of Aboriginal or TSI origin? Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> Yes, Both <input type="checkbox"/> No <input type="checkbox"/>	
Next of Kin: _____	Contact Number: _____
Relationship: _____	

Residential Address: _____
Town/City: _____ Post Code: _____
Postal Address (if different): _____
Town/City: _____ Post Code: _____

Please answer the following questions, if you have any difficulties, please ask for assistance:

Do you have a pace maker or electronic implant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any cardiac issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, explain: _____	
Do you have abnormal blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently taking medication to control abnormal blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any injuries that may effect your assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note, any person under the age of 18 years of age **MUST** have consent of a parent or legal guardian. If under 16 years of age, the patient **MUST** be accompanied by an adult.

Name of Parent/Guardian: _____
Relationship to patient: _____
Is the Client under the guardianship of the minister? Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE READ CAREFULLY

During your assessment you will be undertaking lifting, carrying and aerobic activities. If at any time you feel that you cannot complete a task, please let the Physiotherapist know immediately.

I understand that during a physical assessment there may be a small risk of injury and I consent to participate in the assessment.

I give consent to conduct the physical assessment: Yes No

Signed: _____ Date: ____/____/____

Please wear comfortable loose clothing i.e. track pants, tee-shirt and runners.