

Client Detail Form PLEASE FILL IN BOTH SIDES WHERE APPLICABLE USING BLOCK LETTERS

Your appointment is:						
Private□ Workcover□	MVA□ Vet Aff	airs⊟ CD	M□ Othe	er Compensable	- □	
Surname:		_ Home Pho	ne: ()		
Given Names:		_ Work Pho	ne: ()		
Preferred Name:		_ Mobile Ph	one:			
Date of birth:/	Male □ Fen	nale 🗆				
Country of Birth:						
Are you of Aboriginal or TSI or	igin? Yes, Aborigi	inal 🗆 Ye	es, TSI 🗆	Yes, Both \square	No□	
Next of Kin: Contact Number:						
Relationship:						
Name of Health Insurance Fund (if applicable):						
Email (optional):						
Please present your Medicare card when you return this form.						
Residential Address:						
Town/City:						
Postal Address (if different): _						
Town/City:				Post Code:		
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 patient under the guard	ianship of the mini	ster? □Y	es	□ No		
How did you hear about us?						
☐ Doctor / Specialist ☐	Rehab Consultant					
☐ Internet ☐	Find a Physio web	site				
☐ Yellow pages ☐	Referral from frie	nd or famil	у			
☐ Other, Please Specify:						
Administrative use only: MCN:			_ PN	N: ED:		

Referring Doctor/Specialist:						
(Please note referral is not required for private clients)						
Doctors Clinic Attended:						
Please answer the following questions, if you have any difficulties, please ask for assistance:						
Pension or Centrelink Health Care Card?	Yes□	No□				
A pace maker or electronic implant?	Yes□	No□				
Sensitivity to tapes?	Yes□	No□				
Sensitivity to creams?	Yes□	No□				
Sensitivity to latex or rubber?	Yes□	No□				
Any other allergies?						
Any difficulty feeling heat or cold? (Cannot tell if you're too hot or too cold)	Yes□	No□				
Any other loss of sensation that may affect treatment?	Yes□	No□				
If so, where:						
	Yes□	No□				
Any other condition that may affect treatment?	Yes□	No□				
If so, what condition:						
Have you had a previous bad experience with any physiotherapy treatment?	Yes□	No□				
PLEASE READ CAREFULY						
appointment otherwise a non-attendance fee may apply. Compensable clients will be billed for this fee personally and it becomes your responsibility to pay it. Reminder sms texts are a courtesy; they should not be used in lieu of your own responsibility in remembering your appointments. If any equipment on loan is not returned, or returned in an unsatisfactory condition, a replacement fee may apply. Any compensable claims, in part or full, that are not paid by the covering insurance agency will become the responsibility of the client. The						
<u>client must then settle outstanding amounts in full within 30 days.</u> If there is any failure to attempt to settle accounts in this time, a third party recovery service may become involved to recoup outstanding amounts, incurring additional recovery fees to the client.						
In accordance with the current Privacy Act we reserve the right to destroy any patient records exceeding 7 years. All information provided will be treated with the utmost respect and confidentiality, in accordance to part 5, sections 64 to 64D of the South Australian Health Commission Act 1976. If you require an extract of this Act, please ask the reception staff.						
It is sometimes necessary to communicate with your Doctor or specialist, therefore we will be required to pass on information about you and your condition to them. If you are seen in our Millicent clinic, please be aware that a hospital file will be created, but will contain minimal information.						
We ask for all non compensable accounts to be settled on the day of treatment and we have provided HICAPS and EFTPOS for your convenience.						
If you have had any transmittable illnesses (e.g. flu, gastro) 48hrs prior to your appointment, please notify this office so your appointment can be changed.						
\square I agree and have understood the above policy. \square I disagree with the above policy. \square I disagree with the above policy.	icy					
I state the personal information I have provided is true and correct by the application of $my\ signature\ below.$						
Signed: Date:/						