OccHealth Physiotherapy

OCCHEALTH PHYSIOTHERAPY

Patient Details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Male ☐ Female ☐

Surname .... Give name (s) ....

Date of Birth .... Email ....

Street Address ....Suburb & Postcode ....

Mobile .... Home ....

GP name and Address ....

Do you have a Pension, DVA or Concession card? Yes ☐ No ☐

How did you hear about our Practice?...

Do you consent to SMS Appointment reminders? Yes ☐ No ☐

Do you have Private Health Insurance? No ☐ Yes ☐ Provider ....

Medicare Number and Expiry ....

Medicare Reference Number (In front of your name) ....

Emergency Contact & Relationship to you ....

Emergency Contact Phone Number ....

Patient Consent to Assess and Treat

OccHealth Physiotherapy is committed to ensure you receive quality informed care and that your privacy is protected.

Treatment Information: Physiotherapy treatment techniques recommended to you may include, but are not limited to: manual techniques, spinal manipulation, therapeutic exercise, dry needling, soft tissue massage as well as other techniques and procedures your treating physiotherapist determines may improve your symptoms. Your physiotherapist will explain the benefits, side effects and potential complications of each chosen technique before use.

Throughout your recovery program, any questions or concerns you may have about any recommended treatment must be shared with your physiotherapist immediately so they can explain the treatment rationale and/ or modify your program appropriately. If at any time you choose not to participate in the course of treatment, please tell your physiotherapist immediately.

To fully assess your condition the therapist may ask you to undress down to shorts or underwear. This enables the therapist to see posture and muscular imbalances that may have an impact on your injury. Please notify the therapist if you do not feel comfortable disrobing in your sessions.

Privacy - Collection and Disclosure of information

OccHealth Physiotherapy is required to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. If you do not provide this information; we may be unable to treat you. This information will also be used for:

- Administration purposes;
- Billing either directly or through an insurer or compensation agency;
- Use within the practice or workplace to discuss your case to another Physiotherapist for ongoing management;
- Disclosure of information to your doctors, other health professionals and your employer to facilitate communication and best possible care for you; and
- In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work and/ or injury to an insurer or your employer.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to other service providers, who are involved in your management. These may include your doctor, specialists, insurers, solicitors or employers.

Patient Consent to Assess and Treat

I hereby freely consent to participate in the physical and functional assessment and recommended treatment program (based on my medical history, diagnosis, symptoms and assessment results) delivered by those authorised in this clinic. I understand and agree with the criteria above and as such agree to participate in an Assessment and Treatment Program.

My consent is voluntary for the entire course of assessment and treatment for my present condition, commencing on the date indicated below. I understand that I may ask questions at any time, and that my consent may be withdrawn at any time by notifying my Physiotherapist.

Written Informed Consent

Considering the above information, I have read and understood the reasons for the collection of my personal information and the ways in which the information maybe used and disclosed. I agree to the use and disclosure.

I authorise my Physiotherapist to collect, use and disclose personal, health and injury information relevant to managing my recovery and injury to those involved in my injury including my GP, Employer, Insurer and other parties involved in my injury management.

I .... (Name) have read and understood the above information.
I agree to the content of this form including both Patient Consent to Assess and Treat as well as the Privacy - Collection and Disclosure information. I give my written consent below.

....
Client Signature

....
Date