

PHYSIOTHERAPY REGISTRATION

Thank you for choosing a North East Life clinic. So we can safely and efficiently help you to manage your health, we ask that you take a few minutes to complete this registration form. Don't hesitate to ask our administration staff for help.

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DATE- ...../...../.....

Mr/Mrs/Miss/Ms NAME-.....

ADDRESS-..... POST CODE.....

TELEPHONE- (H)..... (B).....

(M)..... (Email).....

DATE OF BIRTH- ...../...../..... OCCUPATION-.....

CONTACT PERSON INCASE OF EMERGENCY.....

RELATIONSHIP TO YOU..... TEL:.....

LOCAL DOCTOR or CLINIC-.....

WHY DID YOU CHOOSE TO ATTEND THIS CLINIC? (Please tick one below)

Doctor's Recommendation: (Name)

[ ] Friend/Family Member Recommendation [ ] Employer/Workplace Recommendation

[ ] Club/Organisation Recommendation (Name).....

[ ] Yellow Pages [ ] Signage [ ] Newspaper Advertisement [ ] Website(www.nelife.com.au)

[ ] Radio [ ] Other (Please specify)-.....

HOW WILL YOU BE PAYING FOR TODAY'S CONSULTATION? (Please tick)

[ ] PRIVATE (Self-Paying)- Do you have private health insurance with "Extras"? [ ] Yes [ ] No

If Yes which Private Health Insurance are you with.....

[ ] ENHANCED PRIMARY CARE PROGRAM- Medicare No.-.....

[ ] DEPT. VETERANS' AFFAIRS-Number-.....

[ ] WORKSAFE-Date Of Injury- ...../...../..... Claim Number-.....

Employer-.....

Contact Person-..... Phone:.....

[ ] TAC- Date Of Accident-...../...../..... Claim Number-.....

WORKSAFE & TAC CLAIMANTS PLEASE NOTE:

WorkSafe and the TAC require the recording of specific types of information relating to your injury(s), treatment and ways they may affect your ability to work & carry out your usual activities of daily living. In order to satisfy these requirements, you need to sign a Treatment Plan and may have to complete a Functional Questionnaire. Also, please remember that you will be liable for the cost of goods & services you receive if WorkSafe or the TAC denies your claim.

FEES

Our fee schedule is available on request. Payment is required at the time of treatment. EFTPOS, Credit Card & HICAPS facilities are available.

Please continue over the page to complete your registration.

**MEDICAL HISTORY**

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To ensure your complete safety & effectiveness of your treatment, it is necessary that your physiotherapist knows your relevant medical history, including your current medications. Please note below if you have had or do have any of the following:

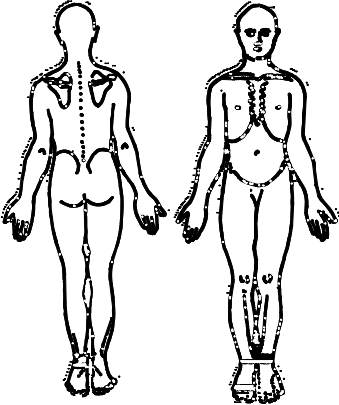
- Medical implants (e.g. Pacemaker, artificial joints, etc.)
- Surgery or illnesses that have required hospitalisation in the past 5 years
- Medical Conditions- (Cancer, Epilepsy, Heart Disease, Infectious Diseases, Osteoporosis, Respiratory Diseases, Rheumatoid Diseases, Unexplained Loss Of Weight)

Please specify- .....

What medications are you currently taking? .....

.....

On the diagram, please indicate which part of your body is mostly affected by your current complaint.



**PRIVACY CONSENT**

There is now a legal requirement that we gain your consent to collect and use personal information about you. Please read the following carefully and sign the declaration if you consent to North East Life collecting this information.

In order to properly assess, diagnose and treat you, North East Life needs to collect some personal and medical information from you. This information may also be used for:

- The administrative purposes of running the practice.
- Billing, either directly or through a third party.
- Use within this organisation, when passing information to other clinical staff for your ongoing treatment and care.
- Disclosure of treatment and medical information to your or other clinical treatment providers.

In the case of an insurance or compensation claim it may be necessary to collect and/or disclose information that affects your treatment and return to work.

North East Life has a Privacy Policy on the collection, use, disclosure and security of information collected from patients. This policy is available for viewing and a copy can be supplied on request.

The provision of your high quality treatment may require the sharing of information about your condition, treatment and in some cases third-party claim status may be shared with other treatment providers, insurers, solicitors or employers.

**DECLARATION**

I have read the above information and understand the reasons for collecting information and the ways in which this information might be used.

I understand that it is my choice what information I provide but that withholding or falsifying information might be detrimental to my physiotherapy treatment.

I consent to allow North East Life to collect further information related to my physiotherapy treatment, from other sources as necessary, including X-ray reports, medical reports, etc.

I am aware that I can access my personal and treatment information on request and, if necessary, correct information I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes that the reasons for this and possible remedies will be made available to me.

I understand that North East Life must obtain additional consent if the information collected is to be used in ways other than those described above.

North East Life may on occasion use electronic means such as SMS and email for appointment reminders & information about products, services & programs.

Date: ...../...../..... Signed: .....

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