

Client Details

Surname _____ First name _____
Address _____

Postcode _____
Contact number (1) _____ Contact number (2) _____
Email address _____

Doctor's surname _____ First name _____
Doctor's address _____

Postcode _____

Private health insurer (please provide details) _____
Self-funding _____
Third party (please provide details) _____

Medical History (this information is not passed on to any other individual businesses or organisations)

Medications No Yes – please list:

Previous surgery No Yes – please list:

Serious illness or injury No Yes – please list:

Have you ever taken oral steroids, such as cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide and seretide)? No Yes

Do you have a pacemaker or other artificial implants? No Yes

Are you Pregnant? No or N/A Yes ___ weeks

Consent and Policy

Physiotherapy is an effective and safe form of therapy. However, like most interventions along with the sought benefits of treatment there are possible side effects, and responses to treatments are unique per individual. South Norwood Physio will provide you with information about a treatment, along with the associated risks and benefits. This form is designed to inform you of your rights as well as to obtain your consent.

Individual Response

Every individual has a unique rate of healing and response dependent on many factors, such as health, co-morbidities, periods of adequate rest etc. If you are concerned about your response to treatment, you are encouraged to discuss this with your physiotherapist.

Referrals

Word of mouth referrals are a great compliment and ensure the success of this clinic. We greatly appreciate your referrals of family and friends. Furthermore, if you have suggestions, comments, or complaints, we encourage you to inform our staff or submit in writing.

Accounts/Fees

Private patients are required to cover their fees at the time of service. South Norwood Physio has a separate arrangement with individual insurers and invoice Insurers directly. Any policy excess will need to be covered by the individual directly with South Norwood Physio.

Missed Appointments

If an appointment must be changed, 24 hours notice is appreciated. You may be liable for the full cost of the missed session if you do not give adequate notice of 24hours to cancel an appointment. This fee is not covered by insurers.

Informed Consent

Once you have given consent you may withdraw that consent at any time Your condition and treatment options will be discussed so that you are appropriately informed, in order to make decisions relating to your treatment. You are entitled to refuse any form of treatment and you may withdraw your consent at any time or request further treatment options.

I _____ (print full name) have read and fully understand the above form. I agree to the content of this form and give my written consent, valid until such time as I communicate the withdrawal of my consent.

Signed _____

Name (printed) _____ Date _____