

Performance Rehab Physiotherapy Patient Consent Form

Personal Information			
Title: Dr Mr Master Mrs Ms Miss			
First Name:	Mobile Number:		
Last Name:	Work Number:		
Known as:	Home Number:		
Gender:	Email:		
Date of Birth:	Occupation:		
Ethnicity:	Home Address:		
Name of GP:			
Name of Medical Centre:			
Do you have Southern Cross or NIB Medical Ins with Physiotherapy Cover? Yes No (please circle one) Policy Number: _____			
Emergency Contact Details			
Name: Relationship to patient:	Phone Number:		
General Health Questions (please circle if applicable)			
Pregnant HIV/Hep C Cancer On anticoagulants	Osteoporosis Hearing Impaired Sight Impaired Use steroids	Skin conditions Pacemaker Diabetes Allergies (specify)	Artificial implants Asthma Heart Conditions
Medications:			
Consent to Treat			
1) I hereby give consent for an initial physiotherapy assessment followed by information on a treatment plan as seen a necessary in support of my illness, injury or condition. 2) I have the right to decline treatment at any stage 3) I have the right to a second opinion 4) I have the right to have a support person present if I so choose.			
Disclosure of Information			
1) I consent to updates, reports and letters being sent to my healthcare provider. 2) I consent to disclosure of medical records for effective management of my condition.			
Agreement to Pay			
1) I understand I am liable for the private or ACC co-payment fees per treatment. 2) I understand if ACC declines my claim all fees will turn to private charges. 3) I understand if I miss an appointment or cancel within six hours of my appointment, I will incur a \$40 late cancellation or no-show fee. 4) I understand any unpaid debt (no credit policy) will be recovered by the Debt Recovery Service and any additional recovery fees incurred will be passed on.			
Referral Source - How did you find us			
Doctor Referral __	Signage __	Family/Friend__	
Previous Patient __	Editorials/Articles (which one)_____		
Google Search __	Advertising (where)_____		
Other (please specify)			
Signed (if under 16 guardian name and signature required)		Date:	