

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:		Do you have Southern Cross or NIB Medical Ins with Physiotherapy Cover? Yes No (please circle one) Policy Number: _____	
Name of Medical Centre:			
Emergency Contact Details			
Name:		Phone Number:	
Relationship to patient:			
General Health Questions (please circle if applicable)			
Pregnant	Osteoporosis	Skin conditions	Artificial implants
HIV/Hep C	Hearing Impaired	Pacemaker	Asthma
Cancer	Sight Impaired	Diabetes	Heart Conditions
On anticoagulants	Use steroids	Allergies (specify)	
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 __	
Previous Patient __		Family/Friend__	
Google Search __		Editorials/Articles (which one)_____	
Other (please specify)		Advertising (where)_____	
Signed (if under 16 guardian name and signature required)		Date:	