REHAB RIGHT

CLIENT REGISTRATION AND CONSENT FORM

CLIENT DETAILS	
Title: *(circle one)* Mr / Mrs / Miss / Ms / Master:	
First Name:	
Surname:	
Date of Birth:	
Address:	
Post code :	
E-mail:	
Phone:	
Mobile:	
Medicare No:	Reference no:
GP/Doctor Name:	
Clinic/Contact:	
Work Cover No:	DOI: ..../.... /..... Insurer:
TAC No:	DOI: ..../..../.....

This information is NOT passed on to any other individual businesses or organisations unless we have your written consent

MEDICAL HISTORY	
Medications:	
Previous Surgery:	
Serious Illness or Injury:	
Have you ever taken oral steroids, such as cortisone or prednisone *(including asthma medications)*	☐ Yes ☐ No ☐Others (if any):

Do you have a pacemaker or other artificial implants?	☐ Yes ☐ No ☐Others:
Are you Pregnant:	☐ Yes ☐ No
Do you, or have you ever had: *(please tick all that apply)* *1.* Circulatory problems (blood pressure, heart attack, stroke etc) *2.* Serious Injury *3.* Thyroid problems *4.* Epilepsy *5.* Weeks *6.* Diabetes *7.* Osteoporosis *8.* Cancer *9.* Rheumatoid arthritis *10.* Ankylosing spondylitis *11.* Blood borne disease (hepatitis, HIV etc). If Yes, mention	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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. Your physiotherapist will provide you with information about a treatment, along with the associated risks and benefits. Our physiotherapists are skilled and should be able to offer a variety of treatments to ensure you get results in a way that you feel comfortable with. This form is designed to inform you of your rights as well as to obtain your consent. You may choose to withdraw your consent at any time for whatever reason. This practice is committed to complying with the *Privacy Act 1998* and the *Australian Privacy Principles 2014.* Please refer to our **Privacy Policy**, attached to the clipboard, for further details

MOBILE PHONES

Out of respect to others please turn your phones off or to silent

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. We have installed HICAPS facilities for automatic and instant health fund claims to make this easier for you. Work Cover and DVA clients' accounts will be sent directly to the appropriate body as required

SCHEDULING AND MISSED APPOINTMENTS

Your physiotherapist will develop a plan with you that takes into consideration your lifestyle and goals of treatment. It is of benefit to you that you are able to schedule your appointments in advance to ensure you can adhere to the plan to the best of your ability, as well as reserving a place in the physiotherapist's schedule. Although we will do our best to reschedule, missed appointments can delay your recovery. If an appointment must be changed, 24hours notice is appreciated

You may be liable of a fee of $50 if you do not give adequate notice of 24hours to cancel an appointment. ***This fee is not covered by compensable bodies, it comes out of your pocket.***

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 and, together with your physiotherapist, can make decisions relating to your treatment. You are entitled to refuse any form of treatment and are encouraged to communicate any concerns with your physiotherapist

Personal Questions - ***It is your choice what and how much you choose to disclose***

In order to obtain a clear picture of your injury and impact on activities of daily living or function, your physiotherapist may ask questions of a personal nature. The more relevant information you provide gives your physiotherapist details to create a specific and effective treatment plan for your requirements. Our staff adheres to the

privacy and confidentiality act, but also understands the trusting relationship that is required for such disclosure of your personal information, and endeavour to treat this material with the upmost respect

Physical Contact - *If you feel uncomfortable at any time, please inform your physiotherapist*

It is likely that physical contact will be necessary during the course of examination, assessment and treatment. Again, you may withdraw your consent at any time and any physical contact will cease immediately. Please inform your physiotherapist if anything can be done to assist your comfort or if you have any concerns

Children and Minors

For the treatment of a minor this form must be signed by a custodian. Presence of a parent or caregiver is requested for anyone under the age of 16 years receiving treatment

Treatment Risks

Foreseeable risks will be discussed with you prior to administering treatment. Again, you may withdraw your consent at any time or request further treatment options

WRITTEN CONSENT

I _____*(printfullname)*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: Date:

PLEASE READ AND TICK THE BOXES FOR YOUR CONSENT:

1-Authority for us to choose and alter the treatment

☐ I authorise my therapist to choose and change my treatment during the course of the treatment at Rehab Right Physiotherapy after discussing with me. Following the assessment, different types of treatments may be suggested by the therapist to

optimize the result of the treatment. This includes using Low-level laser therapy, Electro Shockwave therapy, Dry needling, Ultrasound, or other equipment, which will be explained and discussed prior to use of them

2- Authority for us to provide your information to necessary health care providers

☐ I authorise Rehab Right to provide my information about my personal care to other health care providers for the purpose of optimising my health care management. Rehab Right Physiotherapy will maintain ownership of this information and will release only such information as is deemed for care provision

3- Authority to release personal information to us

☐ I authorise Rehab Right Physiotherapy to obtain and access all my medical and other information required for my care. I consent to the release of medical, clinical, or other information by any medical practitioner, hospital, and clinic, insurance company, Centrelink, the Department of Defence, or other organisation appear to be relevant.

I understand that by signing this form it will mean that Rehab Right Physiotherapy and delegates will be able to ask any person who holds information about you to disclose that information if that information seems relevant to providing my medical care

4- Authority to receive sms and email from Rehab Right Physiotherapy

☐ I authorise Rehab Right Physiotherapy to send me SMS reminder and new treatment option information if required

Note: *A signature from one of the parents or authorized persons is required for treating of a minor (the patient under 18 years old age)*

I consent to Rehab Right Physiotherapy practitioners to perform treatment upon myself.

Patient Name: Signature:

Date: