



Title:	Mr	Mrs	Miss	Ms	Male	Female
Surname:					First Name:	
Date of Birth:						
Street Address:						
Suburb:				Post Code:		
Telephone:	Home:			Work:		
Mobile:						
Email:						
Your Dr's Name:						
Doctor's Address:						
Do you have a pension card?	No	Yes				
Emergency Contact:				Phone:		

How did you find out about this practice?	Yellow Pages	Online	Local Directories	Our Website	Lions Soccer
	From My Doctor:	Verbal	Written		
	Friend Referral (Name):				
	Other:				
Do you have Private Health Insurance?	No	Yes, name: _____			

What is the reason for seeking our services today? _____

What are your short term goals to achieve from physiotherapy, what time frame? _____

Do you also have long term health goals? _____

Occupation: _____

Hobbies, sports, physical activity: _____

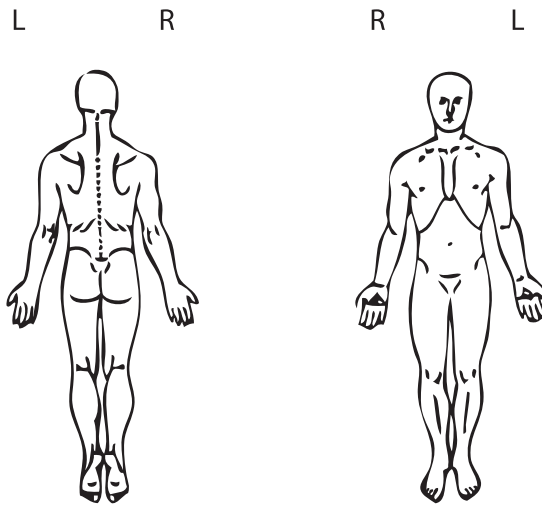
The following information, overleaf, will ensure we optimise your outcome and deliver physiotherapy excellence.

As a physiotherapy practice providing comprehensive care, our goals are:

- 1 - To address the issues that brought you to this practice,
- 2 - To treat the cause of your condition (not just treat the symptoms or find a temporary solution).
- 3 - To offer you the opportunity of improved health potential and wellness services in the future.



Draw on the sketch below, the area where you feel your problem to be.



How long have you had this problem? _____

Have you had this or a similar problem in the past? _____

If you are experiencing pain, please tick the words that best describe your pain:

Constant	Intensity Varies	Sharp
Travels	Achy	Comes and Goes
Radiates	Intensity Doesn't Vary	

Do you get:

Pins and Needles	Tingling	Numbness	Weakness
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Since the problem started, is it:

About the Same	Getting Better	Getting Worse
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Which activities make your pain worse:

Sitting	Standing Up	Walking	Other: _____
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Do you generally feel healthy? Please list any problems with your general health: _____

Previous conditions or operations: _____

Other health professionals seen for this problem (please list):

Medical Doctor	Specialist	Surgeon	Chiropractor
Massage Therapist	Bowen Therapist	Other: _____	

Name: _____

List medications you are taking: _____

Do you have or have ever had?	High Blood Pressure	Bladder or Bowel Difficulty	Heart Problems	Strokes
Diabetes	A Pacemaker	Aneurysm	Osteoporosis	Cancer
Rheumatoid Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis	Reiter's Arthritis	Pregnant
Spinal Trauma	Spinal Fracture	Spinal Surgery	Recent Nausea/Feeling unwell	
Dizziness	Dislocations	Ligament Injuries	Cartilage Injuries	
Osteoarthritis	Unexpected Weight-Loss	Taken Steroids/Oral cortisone/prednisolone		

Details: _____

Clinic Policy



Our goal is to deliver an exceptionally friendly and professional service providing you with the best in physiotherapy care.

RECOVERY

Remember that healing and recovery takes time and not everyone heals/recovers at the same rate. If at any time during your care, you do not feel that you are responding as well as expected, please discuss this with your physio. We want you to get the most from your care at Active Physiotherapy Mackay.

REFERRALS

The greatest compliment we can receive is the referral of a friend or family member. We look forward to assisting you and trust that your experience here is a positive one.

APPOINTMENT SCHEDULING

Your physiotherapist will outline a recommended action plan as the best plan for your injury. You will achieve the maximum results when you keep your recommended action plan to this schedule. To receive the most out of your care, and to save time, we ask that you schedule your appointments when receiving your plan.

MISSED APPOINTMENTS

24 hours notice will allow rescheduling to other clients in need. Failure to give 24 hours notice may require you to prepay for your appointment. Prepayment is non-refundable and if forfeited this fee is not rebatable. Missed appointments will set you back in your recovery.

X-RAYS AND SCANS

Our team can obtain your recent Radiology scan results. Please inform our receptionists if you have had any imaging completed for body areas relevant to your appointment today. Your signature below gives consent for APM to obtain your scan results.

CORRESPONDENCE

Our physiotherapists will contact your nominated Doctor to inform them of your progress. At Active Physiotherapy Mackay we believe in building a team of health care professionals to best achieve your health goals. Your signature below indicates that you give permission to the therapist to exchange information with your Doctor, Allied Health Practitioners, Medical Specialists, Lawyers, and third party (insurance/Workcover) Case Managers, when necessary. This information will be confidential. I consent to Active utilising technology including clinical photography/videography, with careful storage of my images.

Treatment Consent

Physiotherapy treatment is an effective and safe form of treatment however like any treatment there are benefits and risks. Physiotherapists in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent or refuse any form of treatment for any reason including religious or personal grounds.

Typical physiotherapy carries a remote possibility of injury to structures such as but not limited to; nerves, bones, muscles, ligaments, discs or arteries. Physiotherapy can occasionally cause local swelling, bruising or transient increases in pain or other symptoms. Electro-physical agents such as ultrasound or interferential therapy have been linked to minor burns and abnormal skin reactions. Allergic skin reactions to creams, tape, or needles are a possibility.

You will be asked to expose the injured body part for assessment and treatment. Please inform your physiotherapist if you feel uncomfortable at any time, as alternative methods are available. Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the physiotherapist can provide effective treatment. If you feel uncomfortable with a particular question please let the physiotherapist know. You have the right to a second opinion at any time. The large array of skills in our team allows this to occur easily. Please contact your physiotherapist immediately if you experience adverse reactions. It is important to attend follow-up appointments as arranged by your physiotherapist to allow completion of your course of planned treatment.

Name: _____

Date: _____

The above must be at least 18 years of age, otherwise consent from a custodial parent is required to treat a minor.

Please tick this box to confirm that you have read and give consent to Active Physiotherapy Mackay's Clinic Policy.

