Active Physiotherapy Mackay

New Patient Registration Form

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 practive? ☐ 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.

3/43 Gregory Street
Mackay Q 4740

26 Central Street
Sarina Q 4737

Phone: 07 4953 3557
www.activephysiomackay.com.au

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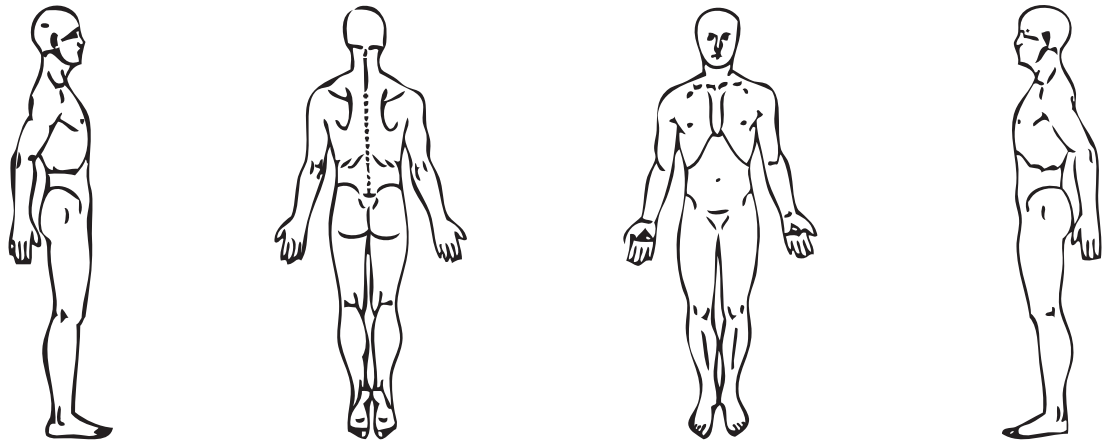
Draw on the sketch below, the area where you feel your problem to be.

R L R R L L



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

Since the problem started, is it: ☐ About the Same ☐ Getting Better ☐ Getting Worse

Which activities make your pain worse: ☐ Sitting ☐ Standing Up ☐ Walking ☐ Other: _____

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	☐ Ananeurysm	☐ 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: _____

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Clinic Policy

Our goal is to deliver an exceptionally friendly and professional service providing you with the best in physiotherapy care. Our experience tells us that there are some key areas we need to focus on to ensurethat you receive the greatest benefit from our services.

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 we would ask that you 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. The referral of your family and friends is much appreciated as it sets both on the road to recovery and well-being and plays a vital role in the success of our business.

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. Therefore, to receive the most out of your care and to save time we ask that you schedule your appointments in advance.

MISSED APPOINTMENTS

Reminder text messages will be sent the afternoon before your appointment. Please call to make changes to appointments. Missed appointments will set you back in your recovery (It would be appreciated if you can give a minimum 24 hours' notice if you are unable to attend an appointment). 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 covered by Private Health Insurers or compensable bodies.

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. Your physiotherapist will always operate within your best interests.

We look forward to assisting you and trust that your experience here is a positive one.

I have read and fully understand the above Clinic Policy Form.

Signed: _____

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Informed Consent Form

Physiotherapy treatment is generally an effective and safe form of treatment however like any treatment there are benefits and risks. The purpose of this form is to let you know what your rights are. 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 massage oils, strapping tape, acupuncture needles or creams are a possibility. Separate consent will be gained for increased risk treatments such as manipulation (cracking joints) and acupuncture/dry needling.

You will be asked to expose the injured body part for assessment and treatment. During the examination and treatment it is usually necessary for your physiotherapist to make physical contact. 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. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question please let the physiotherapist know and they will cease.

You have the right to decline treatment at any time. You have the right to a second opinion at any time. 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.

I have read and understand the above information, and give my consent to receive treatment. I agree to this consent remaining valid until such time as I withdraw my consent.

Signed: _____ Name: _____

The above must be at least 18 years of age, otherwise consent from a custodial parent is required to treat a minor. Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorized to provide such consent.

Witness: _____ Date: _____

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