



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.

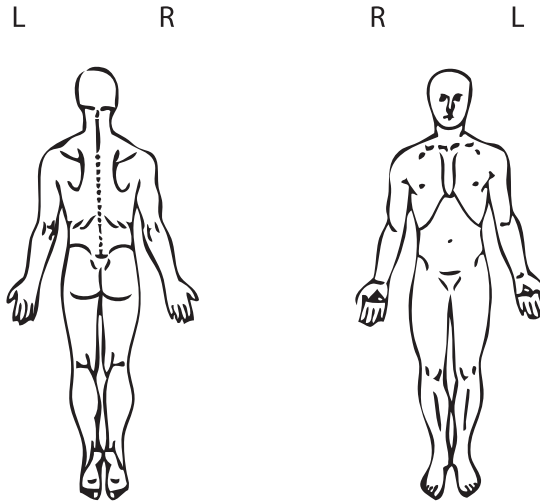
As a physiotherapy practice providing comprehensive care, our goals are:

- 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

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                      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.