Client Information Sheet.

Client information

Mr / Mrs / Miss / Master / Ms / Dr	Surname	First name
Address		
Date of Birth	Email address	
Phone number Work	Home	Mobile
Occupation		
Local Doctor		
Body part affected		
How did you hear about us?		

Insurance information

Private health insurance?	Yes	No	Name of Insurance Company
Do you have extras cover?	Yes	No	

Work cover - If yes please complete below:

Do you have work cover?	Yes	No
Name of company		
Contact person		
Phone number		
Insurance Company		
Claim number		

T.A.C - If yes please complete below:

Date of accident
Claim number

Contact person in case of emergency

Name	Phone number

Other Details

Please Turn Over

Body Moves - ***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 and how we address the issue of collaborative decision making and informed consent between physiotherapist and patient.

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. Once you have given consent, you may withdraw that consent at any time. You have the right to see the physiotherapist of your choice.

Physiotherapists have the right to refuse to provide a service where there are reasonable and non-discriminatory reasons for doing so.

Questions of a personal nature: Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. If you feel uncomfortable with a particular question or group of questions, please let the physiotherapist know and they will cease.

Physical contact: During the examination, assessment and treatment it may be necessary for you physiotherapist to make physical contact. Please inform your physiotherapist if you feel uncomfortable at any time.

Risks related to treatment: As with all forms of treatment, there are risks and benefits. The physiotherapist will discuss any foreseeable risks with you prior to administering treatment. In some cases, the physiotherapist may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time even if you have previously signed a consent form.

Body Moves - ***Practice Policy***

At **Body Moves** our goal is to deliver an exceptionally caring, prompt and professional service. Our experience tells us that there are some key areas we need to focus on to ensure that you receive the greatest benefit from our services.

Mobile phones

Out of respect for others, please turn off your mobile phone.

Healing

Remember that healing and correction take time and not everyone heals at the same rate. If, at any time during your treatment, you do not feel that you are responding as well as expected, please discuss this with your therapist. We want you to get the most from your treatment at **Body Moves**.

Financial Arrangements

Fees for **private** patients are due at the time of service. **HICAPS** and **EFTPOS** facilities are available for automatic claiming through your private health fund.

WorkCover, 3rd Party Insurance and **DVA** patient accounts will be sent directly to the appropriate body, once liability is confirmed. **Not all insurers reimburse the full amount of the fee charged and therefore you will be liable for any gap payment**. You will be billed as a private patient unless we have confirmation of liability from an insurer.

Appointment Scheduling/Missed Appointments

If an appointment must be changed, **24 hours notice** is appreciated. All missed appointments or cancellations made within **24 hours** of the scheduled appointment will be charged to you unless we can reschedule the appointment on the day. **This fee is not covered by compensable bodies and must be paid by the patient.**

Young Children

While you are receiving treatment, it is essential that young children are kept safely under supervision. Under no circumstances are children to be alone in the equipment area as we cannot ensure their safety.

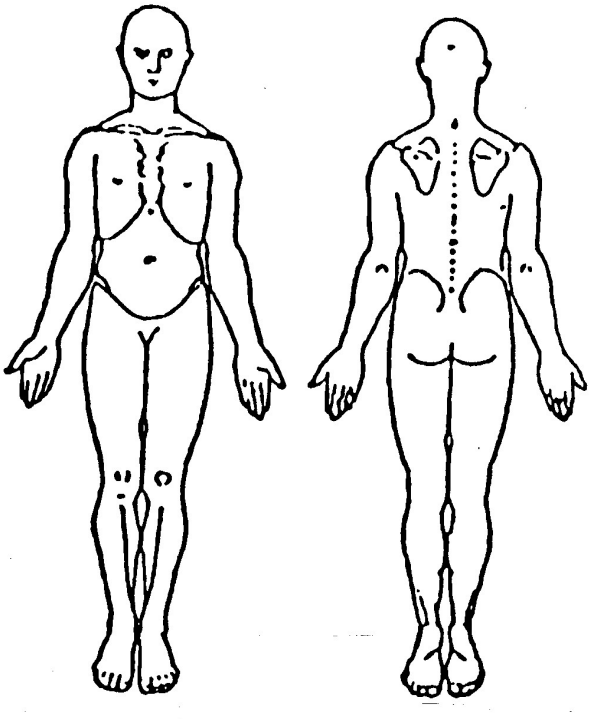
If you have any queries, please discuss them with us. Thank you for signing below to indicate your understanding and acceptance of these terms and conditions.

Signature: Date: We thank you for your co-operation.

Parental consent for Children and minors: Consent from a custodial parent is required to treat a minor (less than 18 years of age).

I, _____ authorise the provision of Physiotherapy treatment at Body Moves to be given to my

child who's name is _____ Signature: Date:



Body Moves

New Patient Screening Questionnaire

Name:

Date:

D.O.B.

Health Fund:

What are your main injuries/problems?
(Please mark on body chart)

How long have you had these challenges?

How did this problem start and was there any specific incident/trauma?

Have you had any other treatment/surgery and what was the outcome?

Have you had any other injuries/problems or surgeries? When? (Mark these on chart also)

Agg: Are there any activities that you have problems doing or positions you would rather avoid? i.e.: sitting, walking, running, bending

Ease: Are there any activities that you prefer doing or positions that you tend to feel more comfortable in?

AM/PM: How do you feel first thing in the morning? Can you sleep comfortably?

Radiology: Have you had any scans/X-rays and do you have them and associated reports?

Meds: Do you take medication and if so, which ones and/or what are they for?

ANS: Do you have any of these problems? Please circle:

Dizziness	Headaches	Blurry Vision	Poor sleep	Shortness of Breath	Blood Pressure
Fatigue	Nausea	Gut Problems	Fainting	Chest/cardiac probs	Anxiety

Function: Can you name 3-5 things that you are having difficulty doing (i.e.: sitting > 10 minutes, running > 1km, every day activities)

1.
2.
3.
4.
5.

Plan/Goals: What short term/long term goals do you wish to achieve?

Additional points to add, discuss or receive help with: