MEAD STREET PHYSIO CLINIC - CLIENT DETAILS FORM

Patient's name: ____ Date: _____/_____/_____

Address: ____ Postcode_____________________

Date of Birth:____________________ Home Phone: ________________ Work ________________________

Mobile: ______________________Email: ____

(Want to join as a member of our clinic to receive free information and specials? Ask us how)

Emergency contact person: Name______________________________ Contact number_____________________

Next of Kin: Name______________________________ Contact number_____________________

Who is your normal family doctor? _____________________________

Who referred you to our clinic? (Please tick): Details/: ____

◻ Doctor ◻ Specialist ◻ Friend (Name____________________________) ◻ Yellow Pages Online ◻ Yellow Pages Book ◻ Signs ◻ Sports Club ◻ Business Directory ◻ Webpage

Patient category (please tick):

◻ Private patient ◻ Enhanced primary care (Medicare)

◻ Uninsured ◻ Sponsored sports club member

◻ Workers compensation ◻ Motor vehicle accident ◻ Veterans Affairs

For private patients

Do you have health insurance? Yes/No. If Yes, who is it with? _______________________________________

(Please have your health insurance card available so we can process your claim at the time of treatment)

For Workers Compensation / Motor Vehicle Accident Claims

Employer: __________________________________ Work phone number: ____________________________

Date of injury: ________________ Work Contact Person: ____

Claim Number: ____________________ Insurer: ___________________ Contact Number: ______________

For Veterans Affairs patients

DVA number _______________________ Type of cover (eg. Gold/Silver card) _______________

For Enhanced Primary Care (Medicare) patients

Name of the referring doctor and the date of the referral:

____

MEDICAL INFORMATION SHEET:

Who is your family or general medical doctor?

Name: ____ Phone: _____________________________

Address: ____

How is your general health? ____

Are you presently being treated for any medical conditions? Yes/No If Yes, please specify:

____

Do you have any of the following (please tick):

◻ Metal implants ◻ Joint replacements ◻ Pacemaker

◻ Heart conditions ◻ Blood disorder ◻ Dizziness

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◻	Rheumatoid Arthritis	◻	Osteoarthritis	◻	Ankylosing Spondylosis

(Please turn over)

◻	Seizures	◻	Infections	◻	Diabetes
◻	Previous blood clots	◻	Visual problems	◻	Allergies
◻	Reactions to tape	◻	Previous surgery	◻	Recent trauma

If yes to any of the above, please provide details:

____

____

For females: Are you pregnant? Yes/No. Are you currently breast-feeding? Yes/No

Medication:

Are you taking aspirin or medication containing aspirin? Yes/No

Are you taking any anticoagulants (blood thinners)? Yes/No

Have you taken any steroid (cortisone) preparations in the past year? Yes/No

Are you currently taking any medication? If so, please list:

____

____

Are there any relevant medical problems or illnesses in your family? Yes/No

If so, explain: ____

____

Consent to release medical information

On occasions we are required to communicate with your doctor, specialist, insurer or agent for the insurer, about your condition. By signing this release form, you authorize the release of any medical information needed by the above to manage your condition.

Signed: ________________________________ Date: _____/_____/______

Please print your name: ____

Liability Consent

I understand and agree that I am responsible for any amount not covered by my insurance company, workers compensation claim, or motor-vehicle accident claim.

Signed: ________________________________ Date: ______/______/_______

Please print your name: ____

Consent to treat persons under the age of 18 years old

As Guardian for this minor, I give my consent for treatment by Mead Street Physio.

Signed: ________________________________ Date: ______/______/_______

Please print your name: ____

Agreement to be contacted

I agree for Mead Street Physio to contact me regarding updates on specials or new products

Signed: ________________________________ Date: ______/______/_______

Please print your name: ____