

INFORM

PHYSIOTHERAPY

PILATES | WOMEN & MEN'S HEALTH | MASSAGE

87 Arthur Street, Fairfield 3078 Victoria • Phone: (03) 9481 6312 • info@informphysio.com • www.informphysio.com

New Patient Information Record

Personal Details					
Title <i>(please circle)</i>	Mrs / Ms / Miss / Mr		Name		
D.O.B			Mobile		
Email			Home Phone		
Address					
Suburb				P/Code	
Occupation					
How did you find out about us? <i>(please circle)</i>	Family / Friends / Web Site / Mothers Group				
	Name of family/friend referred by:				
Would you like to receive appointment reminders? <i>(please circle)</i>	YES / NO				
Emergency Contact					
Name			Relationship		
Contact					
Medical Information					
Name of Referring Doctor <i>(if applicable)</i>					
GP Name			Ph No		
Address			Suburb	P/Code	
<i>If a specialist doctor is involved in your care, please provide their name & contact details</i>					
Name			Ph No		
Address			Suburb	P/Code	
<i>Who else is involved in your health care?</i>					
Name			Consent to discuss condition with other health care providers	YES / NO	
Profession			Ph No		
Address			Suburb	P/Code	
<i>Have you been referred by your GP using the Enhanced Primary Care Plan?</i>				YES / NO	
Information					
Are you currently Pregnant?	YES / NO	If yes, what is your due date?			
Have you had a baby/babies in the last 2 years?	YES / NO	If yes, what date/dates?			
Do you have a cardiac pacemaker or defibrillator?				YES / NO	
If yes, your details:					
Areas / Conditions for which you are seeking assistance (please circle):					
Bladder	Bowel	Prolapse	Pre-&/or post-surgery preparation		
Lactating Breast	Back/Neck Pain	Pelvic girdle pain	Persistent Pelvic Pain (eg vulvodynia, perineal pain – male or female etc)		
Men's Health	Lymphoedema	Other:			
<i>To facilitate your care, is there anything else that you think we need to know?</i>					

**Please turn the page over*

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Consent to Collect & Use Personal & Medical Information

Under the Privacy Act, your consent is required for personal information about you to be collected. Please read the following information carefully and sign below.

The collection of personal information is required to enable us to properly assess your situation, provide appropriate information and advice, and assist you in reaching your goals.

Some information you provide will also be used for administrative purposes and for correspondence with others involved in your health care including doctors, specialists, and other health professionals.

It is our understanding of the Privacy Act and Health Records Act state legislation that you are entitled to access information collected about you and included in your health record, except in some circumstances where it may be legitimately withheld. In such cases you are entitled to an explanation.

If you have any questions in regard to these matters, please do not hesitate to ask.

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Management of Your Personal Health Information

Information about you is stored securely within our specialist web based password protected computer system. Access to this system is only available to authorised members of staff.

Your personal details are kept strictly confidential and are only used for:

- Administrative purposes
- Billing purposes, which includes our compliance with the Health Insurance Commission and Medicare

All staff members are bound by and have signed a formal Code of Conduct and Confidentiality Agreement.

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Cancellation Policy

24 hours' notice is required for all cancellations.

Cancellations made within 24 hours of the appointment will incur a cancellation fee of 100% of the service fee. A session will be marked off your account credit if a Pilates package has been pre-purchased.

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I have read the above information and understand:

- The reasons why information is collected from me
- That I can choose not to provide any information requested of me, but that my failure to do so may compromise the quality of care I receive.
- That I have a right to access the information collected about me, except in certain circumstances in which an explanation will be given to me.
- That if my information is to be used for any purpose other than that set out above my further consent will be obtained.
- How my personal information is managed
- The Cancellation Policy

I consent to the handling of my information by this practice for the purpose set out above, subject to any limitations on access or disclosure that I notify the practice of.

Signed (client)..... Date.....