NEW CLIENT REGISTRATION FORM

PERSONAL INFORMATION

	First Name	Middle Name	Last Name
FULL NAME			

DATE OF BIRTH | AGE

GENDER | EMAIL

ADDRESS

HOME PHONE | MOBILE PHONE

WHAT IS YOUR OCCUPATION?

ARE YOU OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN? YES NO

MEDICARE

MEDICARE CARD NO. | EXPIRY

REFERENCE NO.

HEALTH FUND (IF ANY)

HEALTH FUND

MEMBER NO. | ID

DEPARTMENT OF VETERAN AFFAIRS (IF ANY)

DVA NO. | CARD TYPE

WORKER'S COMPENSATION/ MOTOR VEHICLE ACCIDENT

IS THIS APPOINTMENT RELATED TO A WC/MVA CLAIM?

REFERRING DOCTOR
(WHO IS RESPONSIBLE FOR YOUR WC/MVA CLAIM)

CLINIC/
PRACTICE NAME | REFERRAL DATE

EMPLOYER | INJURY

CLAIM NUMBER | DATE OF INJURY

PLEASE TICK BOX IF YOU HAVE OR HAD ANY OF THE FOLLOWING HEALTH PROBLEMS?

- ☐ Cancer/Tumour
- ☐ Lung Disease
- ☐ Allergy to Metals
- ☐ Asthma
- ☐ Stroke
- ☐ Osteoporosis
- ☐ Hepatitis A/B/C and/or HIV
- ☐ Auto-immune Disease
- ☐ Currently Pregnant
- ☐ Joint Replacement Surgery
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Blood Disorders
- ☐ Tuberculosis
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Panic Attacks
- ☐ Rheumatoid Arthritis
- ☐ None of the above
- ☐ Others
- Others, please specify _____

WHO IS YOUR USUAL GENERAL PRACTITIONER?

HOW DID YOU FIND US?
(Friend/Family, Doctor, Insurance, Work, Location, Google, FB, Others)

TREATMENT/ INFORMED CONSENT

Your treating team member may ask questions in relation to your injury or conditions, and how they impact on your activities of daily living. The more information you provide the more likely it is that your treating team member can provide an effective treatment. It is your choice as to what information you choose to provide.

During the examination, assessment and treatment, it may be necessary for your treating team member to make physical contact. Feel free to inform your treating team member if you feel uncomfortable at any time.

Acupuncture / dry needling treatment is used in this clinic. It is a form of therapy in which fine needles are inserted into specific body points. It is generally safe for most people. Nevertheless, common side effects include increased pain in treated and surrounding areas, minor bleeding, bruises or haematoma, paraesthesia, light-headedness. When a needle is placed near to the chest wall, there is a rare possibility of pneumothorax. Any time a needle is used, there is a risk of infection. However, we use single-use, sterile and disposable needles. Infections are extremely rare. Some people might not be appropriate to receive acupuncture / dry needling. If you are pregnant, taking blood thinner medication, and having history of vascular disease, lymphoedema, or blood disorder, please kindly advise our treating team member.

Electro-physical agents such as ultrasound or electrical stimulation, have been linked to minor burns and abnormal skin reactions. If you are pregnant, or having pacemaker or other metal implants, cancer/ tumour, active infections, cardiac conditions, peripheral neuropathy and neurological conditions, please also kindly advise your treating team member prior as you might not be suitable for these treatment modalities.

Allergic skin reactions to massage oils, strapping tapes or acupuncture needles are a possibility. Please advise your treating team member if you have experienced any abnormal skin reactions to previous applications or use of massage oils/creams, tape or acupuncture needles

I acknowledge that in the event of any claim being denied, I am ultimately responsible for that payment of the account.

Please be reminded that a 12-hour notice of cancellation is required. We might charge a full appointment fee for cancelled with less than 12-hour notice and/or non-attendance.

Consent from a custodial parent is required to treat a minor. We recommend a family adult be present during treatment. 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. Evidence of legal authorization is required.

I agree to receive marketing materials via email or sms text. You can withdraw your consent as wished.

Your Health Information and Health Record may be collected, used and communicated for the following reasons:

- For communicating relevant information with other treating team member, GP, specialists or allied health professionals
- Accounting / Medicare / NDIS/ Health Insurance procedures
- Quality Assurances activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For use by all treating team member in this group practice when consulting with you
- For legal related disclosure as required by a court of law (e.g. subpoena, court order etc.)
- For research purposes (only with your consent)

If you have any concerns or wish to restrict access to your personal health information, please discuss these with any of our team members.

I have read and understood the statements, and I give my consent. I agree to this consent remaining valid until such a time as I withdraw my consent.

DATE

SIGNATURE