

EDGECLIFF PHYSIOTHERAPY SPORTS & SPINAL CENTRE

Title		Surname	
Given Names			DOB
Address			
Suburb			Post code
Home Phone			Work phone
Mobile			Email
Next of Kin (in case of emergency) (Name and phone number)			
General Practitioner Details (name, address, phone):			
Are you in a private health fund? If yes, which one?			

How were you referred to us? **Please hand referral to reception.**

GP Specialist Signage Relative/Friend Yellow Pages Internet

GP/Specialist details (name, address, phone):

DVA Gold/White card (Please circle)	DVA Number:	Expiry Date:
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Insurance Co. for: Workers Compensation or Third Party Insurance (address)		Claim #:	
Employer details:		Case Manager:	
Date of Injury:		Phone/Fax:	

How will you be paying?

Cash VISA/Mastercard Cheque EFTPOS

Do you have an implanted cardiac pacemaker? Yes No

Please inform your therapist of any other medical conditions that we should be aware of.

PLEASE TURN OVER

Do you consent to your physiotherapist communicating with your referring doctor/general practitioner or case manager? Yes No

PLEASE NOTE:

- Payment is due at the time of consultation.
- I understand that if my account is overdue, I will be invoiced accordingly.
- Any accounts which are not settled by the end of the month will incur an additional administration fee of \$10 for every month overdue.
- Any outstanding accounts requiring us to use a recovery agent will incur further additional processing charges.
- To claim through workers compensation, we will need your employer's details, insurance details and claim number (please see front of sheet).
- Any missed appointment/s without cancelling may incur a charge of \$35/\$40 (depending on the physiotherapist)
- Any information on this form will not be disclosed to any other parties.

I have read and agree to the above conditions.\

Signature _____ Date _____