A+ Physio

CLIENT CONSENT AND INFORMATION FORM

	Male	Female	Gender Diverse
Title:(Mr/Mrs/Miss/Ms)	☐	☐	☐

Full Name (Please print):	
Date of Birth:	eg. 01/01/0000
Street Address:	
Telephone: (Home)	Mobile:
Email:	
Occupation:	
Employer full Name/address **(Only complete this if work-related injury):**	Work related injury Y / N
GP/Medical Centre:	
Ethnicity: (one only needed)	

How did you find out about our practice?

- ☐ Internet Search
- ☐ Facebook
- ☐ Friend / Family Referral
- ☐ Advertising (where) _____
- ☐ Doctor / Other Health Provider _____
- ☐ Other _____

General Health Information:

- ☐ Pregnant
- ☐ HEP C / HIV
- ☐ Medical Disorders
- ☐ Medications _____
- ☐ Pacemaker / Heart Problems
- ☐ Circulation / Vascular Problems
- ☐ Other: (Please specify) _____

Have you seen a Physio before for any other concerns? ☐ YES ☐ NO

If YES, was there anything about the treatment you were not happy about? _____

Are you claiming through ACC? ☐ YES ☐ NO
(your claim is by way of an accidental injury)

(PLEASE TURN OVER PAGE TO COMPLETE AND SIGN)

Have you already made an ACC claim for this injury? (through your GP/Urgent Dr's/ED?) ☐ YES ☐ NO

If yes, please provide your claim number details:_____

Southern Cross Member Number (if claiming through Insurance) ……..

Missed Appointment & Late Cancellation Policy

At our clinic, we strive to provide high-quality care and ensure availability for all patients.

We understand that life can be unpredictable. If you need to change or cancel your appointment, please let us know by 5:00pm the day before. This gives us the opportunity to offer your spot to someone else who may be waiting for care.

A cancellation fee will apply for appointments missed or changed after this time. Thank you for helping us keep things running smoothly for both our clients and our team.

I understand that I am liable to pay for:

- Any private treatment or co-payment charges for ACC treatments.
- The difference in cost, should an ACC insurance claim be rejected in any manner, making it a private treatment.
- The costs of materials such as orthotics, materials, products etc.

CONSENTS

I consent to treatment given by a NZ Physiotherapist for the purpose of providing comprehensive physiotherapy services, as may be necessary in support of my illness, injury, or condition.

I consent to the disclosure of my records to any person/organisation necessary for the effective management of my condition.

I consent to a discharge/update report being sent to my doctor or medical center.

I understand I have the right to decline part of or all the treatment being offered. I understand my right to a second opinion.

Patients Signature _____ **Date** _____
(and / or parent / guardian if under 16 years of age)

A+ Physio sends out information newsletters from time to time including special offers If you choose NOT to receive material from us, please tick this box.

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