

TM Physio Patient Form

Personal Details			
First Name:		Surname:	
Gender: (Circle one)	Male Female Other		
Date of Birth:		Name of Parent/Guardian (if under 18)	

Contact Details			
Mobile number:		Opt out for SMS reminder <input type="checkbox"/>	
Home number:		Work number:	
Email Address:			Opt out of emails from TM Physio <input type="checkbox"/>
Street Address:			
Suburb:			Postcode:
Occupation:			
Employer:			
Emergency Contact	Name	Contact Number	
Referrer Details			
How did you hear about TM Physio?	<input type="checkbox"/> Website/Internet <input type="checkbox"/> Doctor <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Location <input type="checkbox"/> Dentist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Insurance <input type="checkbox"/> Friend or family <input type="checkbox"/> Returning Patient <input type="checkbox"/> Sports Club (Please list) _____ <input type="checkbox"/> Other _____		
Referrer Details (please give details if known)	Name	Address	Phone No.

Informed consent and conditions of treatment

Physiotherapy/Exercise Physiology (EP) treatment is generally an effective and safe form of treatment however, like any treatment there are benefits and risks. The purpose of this form is to let you know what your rights are and how we address the issue of collaborative decision making and informed consent between therapist and patient.

Physiotherapists and Exercise Physiologists at TM Physio will discuss your condition and options for treatment with you so that you can make informed decisions about your treatment. You may choose to consent or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time. You have the right to see the therapist of your choice.

Sometimes we need to ask personal questions relating to your injury or condition and how it impacts on your daily life. The more information you provide, the more likely it is that the therapist can provide effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let your therapist know and they will cease.

Please Turn Over

Physical contact: During the examination, assessment and treatment it may be necessary for your therapist to make physical contact. Your therapist will ask your permission before making physical contact in any way. Physical contact requires your consent. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your therapist if you feel uncomfortable at any time.

Risks related to treatment: As with all forms of treatment, there are risks and benefits. Your physiotherapist will discuss any foreseeable risks with you prior to administering treatment. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time.

Children and minors: Consent from a parent/guardian is required to treat a minor (less than 18 years of age).

Substituted Consent: Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

Additional Medical Conditions: The risk related to some treatments can increase if the physiotherapist/EP is not aware of certain facts. Please inform the therapist if you have:

- a pacemaker or heart condition
- suffered from blood clots, thrombosis or stroke
- suffered from diabetes
- are currently taking medication

Individual Consultations: TM Physio requires a minimum of 24 hours notice if you wish to cancel or reschedule your appointment. This provides the practices with an opportunity to offer the appointment to other clients from our waiting list.

If you cancel or do not attend a scheduled Physiotherapy, Exercise Physiology or Hydrotherapy appointment without providing more than 24 hours notice, a cancellation fee of \$60 will be charged (except in the case of an emergency or sudden illness, at TM Physio's discretion).

Third party payers such as motor vehicle accident insurance, workers compensation insurance, DVA do not cover fees for non-attendance/late cancellations. The cancellation fee will need to be paid for by the client.

Group Classes: All participants must provide at least 24 hours notice if unable to attend their scheduled class. If you miss a class or fail to provide the required 24 hours notices, the full-service fee (the standard rate of one class) will apply for that session.

In the case you miss a pre-paid class due to emergency or sudden illness, at TM Physio's discretion, we can transfer credit to your account to be used for another service, a future class, standard physiotherapy or exercise physiology consultation.

I do agree to information about my present or subsequent medical condition being communicated, verbally or in writing, with my referring doctor, other treatment medical practitioners or those invoiced in payment of fees associated with my treatment.

I have read and fully understand the TM Physio Informed Consent and Conditions of Treatment.

Patient's Signature: _____(parent/guardian if under 18 years of age)

Date: _____