BounceBack PHYSIOTHERAPY

Fill out **ALL** boxes if you are a new patient to our clinic.

Fill out **BOLD** boxes if you are an existing patient with a new injury.

CLIENT CONSENT INFORMATION FORM

SECTION 1 – PERSONAL INFORMATION

Title: Gender: ☐ Male ☐ Female	Home Address:
First Names:	
Preferred Name:	Phone:
Last Name:	Mobile:
Date of Birth:	Work Ph:
Ethnicity: *Eg NZ European, Maori Etc*	Email:
Name of GP: Medical Practice:	City:
Name of Specialist:	Postcode:
Occupation:	Work Intensity: ☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy
What made you choose us?	

SECTION 2 – GENERAL HEALTH QUESTIONNAIRE

☐ Pregnant ☐ Heart Problems ☐ Hearing/sight impaired ☐ Asthma/Respiratory/Breathing

☐ Physical disability ☐ Skin condition ☐ Hep C / HIV ☐ Artificial Implants

☐ Diabetes ☐ Cancer ☐ Pacemaker ☐ Allergy *(Please specify)* _____

☐ Circulation/Vascular Problem ☐ Other *(Please specify)* _____

SECTION 3 – ACC *– If Non ACC please state injury site in How did injury happen?*

Is this an ACC Injury	ACC 45 or Claim #:	Date of injury:
Have you had physio on this claim? ☐ Yes (*please specify how many*) ☐ No	Time of injury:	PLACE OF INJURY: *(eg Home, Work, School, Road, etc)*
LOCATION: *(eg Tauranga, Auckland)*	Work Related Injury: ☐ Yes ☐ No	Business Owner? ☐ Yes ☐ No *If yes - please provide name of business*
How did injury happen? *(Describe what you were doing and where your injury is)*		

SECTION 4 – CONSENTS

I hereby agree to consent to treatment by an appropriately qualified Physiotherapist for the purpose for providing comprehensive physiotherapy services as may be necessary in support of my illness, injury or condition. I have been given the opportunity to read clinic information prior to treatment. I understand I have the right to decline part or all of the treatment being offered. I understand my right to a second opinion.

Agreement To Pay

I understand that I am liable to pay for :

- Any private treatment or copayment charges for ACC treatments and/or any treatment that is declined by ACC or other funder
- If I fail to attend my appointment or cancel without 4 working hours notice I may be charged a fee of $25
- If I fail to pay for my appointment at the time of treatment I may be charged an account administration fee
- The costs of materials such as orthotics, materials, tape, products etc

I understand that if this service requires engaging a Debt Recovery Service to recover my debt, I will be liable for any recovery fees.

Consent To Release Information To A 3rd Party:

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 centre.

Do you consent to have acupuncture treatment should your injury require it? ☐ Yes ☐ No

DECLARATION

I DECLARE – The information I have given about this claim is true and correct and that I have not withheld any information.

I AUTHORISE – The treatment provider to lodge the claim for me. The collection and release of any information about me to the extent that this is needed to prevent future injuries, determine cover and/or assess my entitlement to compensation, rehabilitation assistance, medical treatment and/or the appropriate level of care and personal attention I should receive. ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners, specialists, New Zealand Police and Treatment Providers, IRD, WINZ, Assessment Agencies, employers and/or witnesses to the accident).

Missed appointments will be charged $25 at the discretion of BounceBack Physiotherapy.

☐ I have read and understand the terms and conditions supplied by BounceBack Physiotherapy. If the patient is under 16 this is to be signed by a parent or guardian.

Signed: *(If under 16 must be signed by parent/guardian)* Date:

Physiotherapist signed: Date:

Read Code/s: *(For Physio to fill)* 1. 2. 3.	Side: ☐ LEFT ☐ RIGHT ☐ Not Applicable ☐ Main ☐ LEFT ☐ RIGHT ☐ Not Applicable ☐ Main ☐ LEFT ☐ RIGHT ☐ Not Applicable ☐ Main