Email: admin@activephysiohealth.com.au

GLADSTONE
33 Off Street
Gladstone QLD 4680

Ph: (07) 4972 5155
Fax:(07) 4972 0556

BILOELA
41 Bell Street
Biloela QLD 4715

Ph: (07) 4992 5037
Fax:(07) 4992 3920

AGNES WATER
3 Captain Cook Drive
Agnes Water QLD 4677

Ph: (07) 4974 9746
Fax:(07) 4974 7103

REGISTRATION FORM

Surname: Given Name: Middle Initial:

Please circle: (Mr /Master / Mrs/ Miss/ Ms/ Dr) Date of Birth: / / Relationship Status

Occupation:

Address: City: P/C

Mobile Ph: Home \ Work Ph:

Preferred Contact Number (circle): Home / Mobile / Work

By providing your email, you are consenting to us to send you further correspondence via email.

Email**:**

Please check the boxes below what information you would like to receive.

Physio ☐ **Massage** ☐ **Acupuncture** ☐ **Orthotics** ☐ **Clinical Pilates** ☐ **Nutrition** ☐

Person responsible for your account e.g parent Ph:

How did you find out about this practice? (Please Circle)
Website Google Yellow Pages Local Directories Brochure/ Flyer Facebook

Doctor Name:________________________________ Do you give permission for Active Physio Health to send a letter to your Doctor confirming that you have commenced treatment? Y / N

Family \ Friend Name: ________________________________

Pension Number:

Private Health Fund: Card number Position:

DVA Card Holder tick type: GOLD ☐ WHITE ☐ Card Number: Expiry: \ \

Emergency Contact: Phone:

Relationship:

WORKCOVER / INSURANCE CLAIM

Claim provider: e.g. Workcover QLD Claim Number:

Do you have a CURRENT medical certificate for your claim? Y/N Expiry Date:

Date of Injury: / / Case Manager Ph:

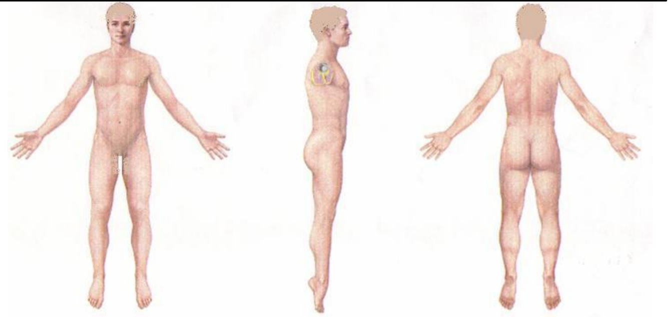
PLEASE READ & SIGN: MISSED APPOINTMENT POLICY

A fee of $50.00 for appointments will be charged if you fail to attend an appointment. If less than 24hrs notice is given for a cancellation, a cancellation fee may be charged. Considerations will be given for unavoidable circumstances.

Patient's Signature:____ **Date: / /**
[and / or parent / guardian if under 18 years of age]

What is the Nature of your Injury?

____



Do you experience any pain with this problem? ☐ **No** ☐ **Yes**

Where is the pain?: (please show on the diagrams)

How long have you had this problem?

Days: ________ **Months:** _________ **Years:** _________

If you are experiencing pain, please tick the words that best describe your pain:

☐ Constant	☐ Dull	☐ Sharp	☐ Achy
☐ Comes and goes	☐ Moving	☐ Shooting	☐ Radiates

Rate the general severity of pain you experience on the following pain scale. (Please circle)

N/A **Mild** 1 2 3 4 5 6 7 8 9 10 **Extreme**

Do you get:	**Since the problem started is it:**	**What makes it worse?**	**Interferes with:**
☐ Pins and needles	☐ Getting better	☐ Standing up from a chair	☐ Leisure
☐ Tingling	☐ Getting worse	☐ Sitting	☐ Work
☐ Numbness		☐ Other	☐ Sleep
☐ Weakness			☐ Hobbies

Help us ensure you receive the service you deserve:

- **Have you seen another therapist before? No/ Yes**
- **If YES was there anything you were not happy about?** ______________________________
- **What aspects were you happy with?** ______________________________
- **What TWO main things would you like to achieve by the end of today's session at *Active Physio Health*?**

A]______________________________**B]** ______________________________

CONFIDENTIAL PATIENT CASE HISTORY

Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)? Y / N

Are you pregnant? Y / N

Do you have or have you ever had: (please tick)

☐ High blood pressure
☐ Heart attack
☐ Heart problems
☐ Strokes
☐ Diabetes
☐ A pacemaker
☐ An aneurysm
☐ Hepatitis
☐ Dizziness
☐ Arthritis Type ______________________

☐ Cancer
☐ Osteoporosis
☐ Ankylosing spondylitis
☐ Epilepsy
☐ Metal Implants
☐ Spinal surgery
☐ Aids/HIV
☐ Haemophiliac

What other illness do you have that we should t be aware of ?

____
____
____
____

OFFICE POLICY

Our goal is to deliver a friendly, prompt and professional service. Our experience tells us that there are key areas we need to focus on to ensure you receive the greatest benefit from our services:

- **No Mobile Phones** – Please consider others and turn off your mobile phone
- **Recovery** - Healing and recovery rates for each person can differ. However, if you feel you are not responding as well as expected, we ask that you discuss this with your practitioner.
- **Excellence** – Our therapists are often travelling for professional development courses to ensure the best in treatment practices.
- **Please note -** A patient may be expected to remove certain articles of clothing to allow for a detailed musculoskeletal assessment. Patients are entitled to bring a chaperone if they so wish.