



Name of Patient.....Date of Birth.....

Address.....

Telephone Mobile

Email

Alternate Contact Person.....Tel.....

Referred by.....

Consent for Assessment and Treatment

Name of Patient:.....

Physiotherapy assessment and treatment may include physical examination and the collection of detailed information. This is necessary for us to provide the highest level of care. You must inform your therapist if you are unsure or uncomfortable at any time, so the necessary explanation or adjustment can be made. Your involvement in the programme is imperative to its success.

Interventions may include manual therapy, exercises, education, ultrasound, taping, heat/cold application and acupuncture. It may be necessary to work inside the mouth. You must inform us if you have an allergy to latex, zinc oxide, nuts, bees, perfumes or any other substance.

- I understand the above policy and consent to a comprehensive physiotherapy assessment and course of treatment. I have the right to withdraw consent to any part of the treatment at any time.

Privacy Policy

- I have read the BuderimAdvanced Physio Privacy Policy and understand how it applies to me. Any questions have been answered to my satisfaction. I agree to the collection and use of my information as set out in the Buderim Advanced Physio Privacy Policy. I am aware that I have access to this information and I may withdraw my consent at any time.

Billing and Cancellation Policy

Please notify us if you are unable to attend your appointment. We usually have a waiting list of clients willing to fill spaces. We require 24 hours notice of cancellation, either by phone, email or via our website, or the full fee will be charged. Cancellations made at short notice will not be charged if we are able to fill that appointment, so please let us know as soon as possible.

- I acknowledge that I am responsible for all charges incurred at Buderim Advanced Physio and that if I am unable to attend I will give 24 hours notice or the full fee will be charged.

Please tick the boxes and sign below to indicate that you have read and accept the above consent and policies.

Signature of Patient.....**Date:**.....

(Or parent/guardian if under 18 or unable to sign) Name:.....



Completing this form will assist your physiotherapist in assessing your condition. Please fill out the sections that are relevant to you. Ask a member of staff if you need assistance.

1. Primary Concerns (Pain, Lack of function etc)

2. What do you Hope to Gain From Treatment?

3. History of Current Condition