B.A.P.

Lynette Pickersgill
MPhtySt(Manip) BPhysio
APA Musculoskeletal Physiotherapist

Practice
Buderim Advanced Physio
24 Quambi Place
Buderim Qld 4556

mb: **0427 986 109**
ph: **5477 1332**
fax: **5477 1335**

Telehealth New Patient Registration Form

Title: ☐ Mr ☐ Mrs ☐Miss ☐ Ms ☐ Other

First Name_____Surname_____

Street Address _____

Suburb _____ Postcode _____

Home telephone _____ Work _____ Mobile* _____

Email*_____

Alternate/Emergency Contact _____Mobile_____

Date of Birth: _____

Do you Identify as Indigenous/TSI Yes/No

Referred by ☐ Dr/Specialist ☐ Dentist ☐ Family ☐ Friend ☐ Our Website ☐Google

Dr/ Dentist/ Surgeon/Specialist **Name**_____

Dr/Dentist/Surgeon/Specialist **Address**_____

Date of review if applicable _____

Do you have a DVA card? ☐ Number_____ expiry_____

Do You Have Private Health Yes/No - Does it Cover you for Telehealth? Yes/No

Workers Compensation ☐ Other Insurer ☐ _____Claim Number_____

Your Case Manager's Name_____

Case Manager's Contact email _____Phone_____

Date of Injury_____Type of Injury_____

Occupation _____

Hobbies/Sports_____

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What is your main problem?

_____

_____

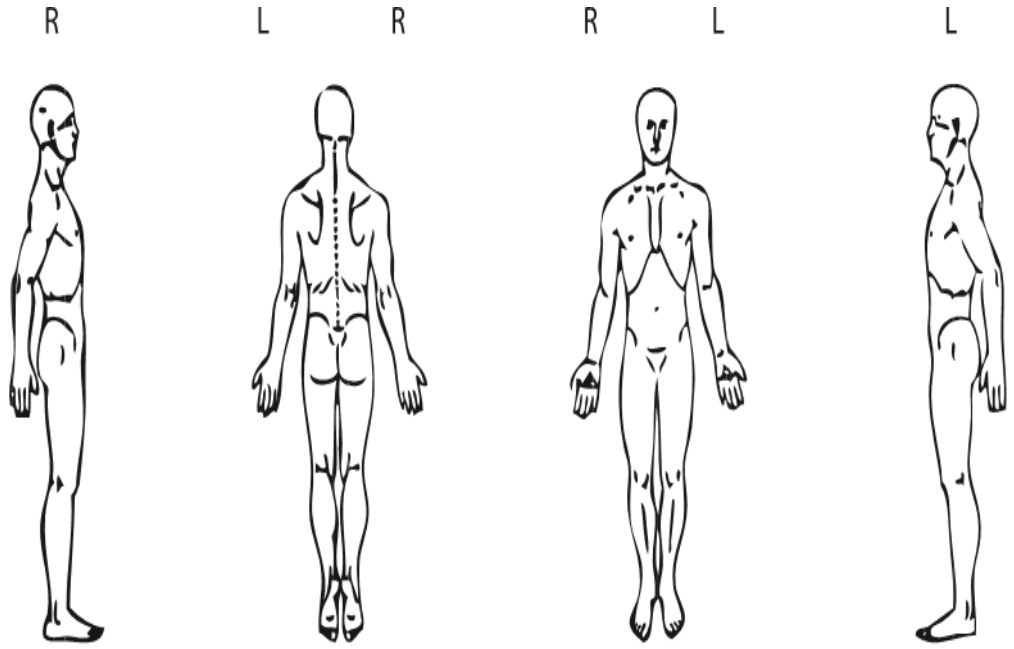
_____

What do you hope to achieve from therapy? What are your expectations?

_____

_____

Please indicate where you feel your pain/discomfort/problem to be:



Level of Pain __ /10 ☐ Constant ☐ Intermittent ☐Pins & needles ☐Numbness

How long have you had this problem? _____

Have you had this or a similar problem in the past? _____

Since the problem started, is it : ☐ getting better ☐ same ☐ getting worse?

What makes your pain worse? ☐ walking ☐ sitting ☐ standing ☐ Other_____

What makes your pain better? _____

PO Box 1207 Buderim Qld 4556
info@buderimadvancedphysio.com.au
www.buderimadvancedphysio.com.au

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How is your general health? Please list any problems

Do you have or have ever had:

☐High/Low Blood Pressure ☐Bleeding disorder/ blood infection

☐Stroke ☐Diabetes ☐Panic attacks or needle phobia

☐Heart Problems ☐Epilepsy ☐Current or recent infection

☐Pacemaker or valve replacement ☐Auto Immune Disease ☐Mastectomy

☐Bladder/Bowel difficulties ☐Cancer ☐Aneurysm

☐Osteoporosis ☐Psoriatic Arthritis ☐Osteoarthritis

☐Rheumatoid Arthritis ☐Joint Replacements ☐Implants

☐Spinal Trauma ☐Spinal Surgery ☐Spinal Fracture

☐Recent Nausea/feeling unwell ☐Dizziness ☐Tinnitus

☐Dislocations ☐Ligament Injuries ☐Cartilage injury

☐Ankylosing Spondylitis ☐Unexplained weight loss ☐Bruising/bleeding

☐Steroid/Cortisone/Prednisone therapy ☐Pregnant or attempting ☐Allergies

☐Lung condition / respiratory difficulties

Further details

_____

_____

Current Medications and /or Therapy_____

_____

_____

Please indicate any special investigations you may have had / relevant results :

☐ XRays ☐ CT Scan ☐ Ultrasound ☐ MRI ☐ Other

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Assessment: You will be asked to expose the injured area of your body so the physiotherapist can assess and treat you. Should you feel uncomfortable about this, please advise our staff as there are alternative methods available.

Questions of a personal nature : Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the physiotherapist can provide an 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 the physiotherapist know and they will cease.

Collection of Information: We require your consent to collect personal information about you. Please read the information below. By submitting this form, you agree to these terms. I understand I have the right to request access to my information. I understand that I may withdraw my consent for this practice to use, to share and disclose my personal information, except where legal obligation must be met. I understand that I am not obliged to provide any information requested of me, but my failure to do so will compromise the quality of health care treatment given to me.

Privacy Policy: located below or select link to view
http://buderimadvancedphysio.com.au/**privacy-policy**/

☐ **Please tick box to confirm that you have read the above**

This is NOT a waiver form. It is part of our "duty of care" to you that we inform you of any material (pertinent) risks associated with professional treatment techniques.

Following the verbal explanation of my examination results and the therapeutic techniques the therapist thinks suit my present condition, I give my consent to treatment. I have the right to decline treatment that the therapist offers me at any time. I give permission to the therapist to exchange information with my doctor and other medical specialists when necessary. I understand that this information will be confidential.

I have read this form, understand the information it contains, and give my consent to treatment.

Signed:_____Date:_____
The above must be at least 18 years of age, otherwise consent from a custodial parent/guardian is required to treat a minor.

Patient Name: ……. Date: ……
Parent/Guardian Name: …… Date: ……

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Credit card details

Name on Credit Card _____

Credit Card Number_____

Expiry Date_____Type Visa/MC_____CVV Number_____

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Privacy Policy 2020

Our commitment to your privacy

We are committed to handling personal information about you, including health information about you, in accordance with the requirements of the Commonwealth Privacy Act 1988.

In this Policy, we explain:

- what kind of information we collect and hold about you
- how and why we collect it
- what we do with that information and who we share it with (and when)
- your right to seek access to, and if required correction of, the records we hold about you
- your right to make a privacy complaint, to us and others
- whether we are likely to disclose information about you to overseas recipients.

What kind of personal information do we collect about you?

We collect and hold the following kind of information about you:

- your name, address, date of birth, email and contact details
- information about your family or relatives
- information about other health professionals involved in your care
- any government identifiers such as Medicare number, DVA number. However, we do not use these for the purposes of identifying you in our practice
- other health information about you such as: a record of your symptoms, your relevant medical history, the diagnosis made and the treatment we give you:
    - specialist reports
    - test results
    - your appointment and billing details
    - your prescriptions
    - your healthcare identifier
    - your health fund details
    - other information about you collected for the purposes of providing care to you.

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How do we collect and hold your personal information?

We will generally collect personal information about you in these ways:

- directly from you when you give us your details (eg, face-to-face, over the phone, via registration form or an online form)
- from a person responsible for you
- from a third party where we are permitted by law to do that (eg.other health care professionals involved in your care, from your health insurer, Medicare etc).

Why do we collect and use information about you?

We primarily collect and use personal information about you to provide our physiotherapy services to you and to communicate with you and others involved in your care in relation to those services. We also sometimes use that information for other purposes, including:

- to help us manage our accounts and administrative services, including billing, arrangements with health funds, pursuing unpaid accounts, management of our IT systems and
- to conduct accreditation, quality assurance or internal audits.

When and why might we share information about you with others?

We may disclose information about you to others outside of our practice as permitted or required under law. This will include situations where we disclose information about you in order:

- to comply with our legal obligations (eg. mandatory reporting under legislation, responding to a court order or subpoena)
- to consult with other health professionals involved in your healthcare
- to get test results from diagnostic and pathology services
- to claim on insurance
- to communicate with your health fund, with government and other regulatory bodies such as Medicare
- to help us manage our accounts and administrative services (eg. billing or debt recovery, arrangements with health funds, pursuing unpaid accounts etc.)
- to lessen or prevent a serious threat to a patient's life, health or safety or a serious threat to public health or safety
- to help in locating a missing person
- to prepare the defence of anticipated or existing legal proceedings
- to discharge notification obligations to liability insurers.

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Your right to seek access to and to seek correction of the information we hold about you

You have the right to seek access to and correction of the personal information we hold about you.

We will normally respond to your request within 30 days. To make the request, you should contact the Office Manager. B.A.P has an information request form that needs to be completed.

If you think that the information we hold about you is not correct, let us know in writing. We will take reasonable steps to correct your personal information where the information is not accurate or up-to-date. From time to time, we may also ask you to verify that the information we hold about you is correct and current. And please notify us if and when your contact details change (see 'how to contact us').

Security: how we hold your personal information

We take reasonable steps to protect the information we hold about you. These are designed to prevent unauthorised access, modification or disclosure and to prevent misuse and loss. This includes:

- holding information on an encrypted database
- getting staff to sign confidentiality documents
- providing staff with training or induction etc. about confidentiality and (in particular) security issues
- access to information restricted on a 'need to know' basis and
- strong password protections when accessing the information on a computer.

Your right to receive treatment from us anonymously (or by using a pseudonym)

Where it is lawful and practicable for us to do so, you can be treated anonymously or through use of a pseudonym (a name other than yours).

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Disclosing information about you overseas

We do not propose to disclose information about you to anyone overseas. If we want to transfer your personal information overseas, we will first seek your consent, unless we are required by law to do the transfer.

If you have a privacy-related concern about us

If you have concerns about the way we've handled your privacy, let us know. You should do that in writing. We will then try to respond to you within 30 days.

If you are not satisfied with our response, you can refer your complaint to the Office of the Australian Information Commission, whose contact details are:

Phone: 1300 363 992
Email: enquiries@oaic.gov.au
Post: GPO Box 5218 Sydney New South Wales 2001Website:
https://www.oaic.gov.au/privacy/privacy-complaints/

Updating this policy

We will update this policy from time to time, to reflect any changes in our information-handling practices or the law or both.

We will notify you of changes to the policy by our website and Practice information sheet.

How to contact us

To contact us about any privacy related issues, please approach the receptionist at the front desk or send an email admin@buderimadvancedphysio.com.au