PHYSIOTHERAPY
NEW PATIENT
REGISTRATION FORM

K Point Rehabilitation

Title: [Mr/Mrs/Miss/Ms] ☐☐☐☐ ☐ Male ☐ Female

Surname:

First Name:

Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐

Street Address:

Suburb: Post Code:

Telephone: Home

Work:

Mobile:

Please provide your email address so we can keep in touch with you.

Email:

Your Dr's Name:

Doctor's Address:

Do you give permission for us to send a letter to your Doctor confirming that you have commenced Treatment?

Yes / No

1. **How did you find out about this practice?**

☐ Advert / Poster ☐ Brochure/ Flyer ☐ Yellow Pages ☐ Yellow Pages Online

☐ Directory Assist ☐ Yellow Pages ☐ Our Website ☐ From My Doctor_____

☐ Friend Referral (name)_____

2. **In which part of the body is your injury located?**_____
3. **Private Clients :- Do you have Private Health Insurance?**(name)_____
4. **Veterans Affairs Clients :- Card Number** _____
5. **Do you have a Medicare EPC (Enhanced Primary Care) plan from your doctor? Yes / No**
6. **Are you claiming through Worker's Compensation or CTP?** ☐ **Yes [please complete details]**

Employer:_____**Contact Person**_____

Employers Address:_____**Phone:**_____

Occupation:_____**Date of Injury:**_____

Insurer:_____ **Claim No.**_____**Case Manager:**_____

Insurers Address:_____**Phone:**_____

PHYSIOTHERAPY
CONFIDENTIAL
PATIENT CASE HISTORY

K Point Rehabilitation

As a physiotherapy practice providing comprehensive care, our goals are:-
1 - To address the issues that brought you to this practice,
*2 -To treat the cause of your condition (**not just** treat the symptoms or find a temporary solution).*
3 -To offer you the opportunity of improved health potential and wellness services in the future.
Answering the following questions will give us a profile of your health, and ensure that we optimise your outcome and deliver physiotherapy excellence.

What is the reason for seeking our services today?_____

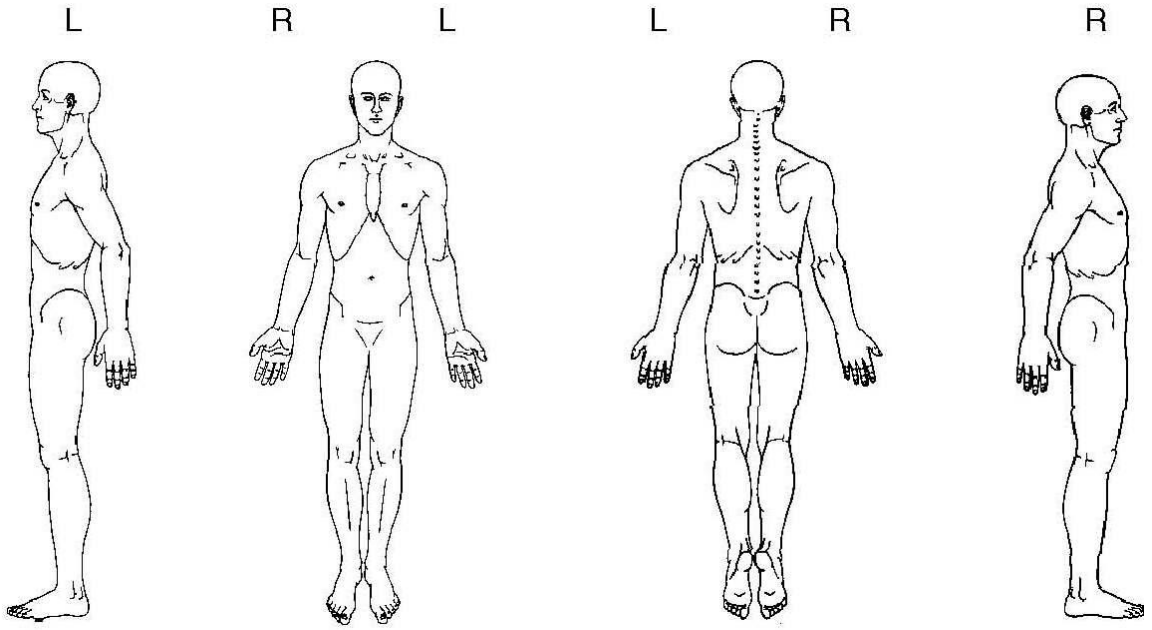
_____

What do you hope to achieve specifically from treatment? (Include goals and deadlines)_____

_____

_____

Draw on the sketch below the area where you feel your problem to be.



How long have you had this problem?

_____

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

_____

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

☐ Constant or ☐ Comes & goes ☐ Sharp or ☐ Dull Achy

☐ Intensity varies ☐ Intensity doesn't vary ☐ Shooting ☐ Radiates ☐ Travels

Do you get?

☐ Pins and needles ☐ Tingling ☐ Numbness ☐ Weakness

Since the problem started, it is -

☐ About the same ☐ Getting better ☐ Getting worse

What makes your pain worse?

☐ Sitting ☐ Standing up from a chair ☐ Walking

☐ Other_____

Your pain interferes with:

☐ Work ☐ Sleep ☐ Hobbies ☐ Leisure

What type of work do you do?

_____

Other health professionals seen for this problem (please list):

Medical Doctor_____

Specialist Doctor/Surgeon_____

Chiropractor_____

Other _____

List any medications you are taking _____

_____

_____

Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)? Yes / No

Are you pregnant? Yes / No / NA

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

☐ High blood pressure
☐ Heart attack
☐ Heart problems
☐ Strokes
☐ Diabetes
☐ A pacemaker
☐ An aneurysm

☐ Cancer
☐ Osteoporosis
☐ Rheumatoid arthritis
☐ Ankylosing spondylitis
☐ Psoriatic arthritis
☐ Reiter's arthritis
☐ Spinal trauma

☐ Spinal fracture
☐ Spinal surgery
☐ Dislocations
☐ Ligament injuries
☐ Cartilage injuries
☐ Osteoarthritis
☐ Dizziness

7. **Have you seen another therapist before? Yes / No** _____
8. **If YES was there anything you were not happy about?** _____

_____

9. **What aspects were you happy with?** _____

_____

Patient's Signature: _____ Date: _____

Physiotherapists Signature: _____

"Thank you for your time taken to complete this form."

OFFICE POLICY

Our goal is to deliver an exceptionally friendly and prompt, professional service providing you with the best in Physiotherapy care. Our experience tells us that there are some key areas we need to focus on to ensure that you receive the **greatest benefit** from our services.

Mobile Phones: Out of respect for others, please turn off your mobile phone.

Recovery: Remember that healing and recovery takes time and not everyone heals/recovers at the same rate. If at any time during your care, you do not feel that you are responding as well as expected we would ask that you discuss this with your physiotherapist. We want you to get the most from your care at **K Point Rehabilitation.**

Excellence in Physiotherapy: In order to continue to provide the best, most up to date Physiotherapy care available we travel periodically to conferences and seminars. To keep your progress on schedule we will attempt to book your appointments around those times or else provide another highly qualified physiotherapist to continue your care.

Fees and Your Account: Fees for private patients are due at the time of service. HICAPS and EFTPOS facilities are available at the front desk for automatic claiming through your private health fund. Workcover and DVA patient accounts will be sent directly to the appropriate body.

Referrals: The greatest compliment we can receive is the referral of a friend or family member. The referral of your family and friends is much appreciated as it will both sets them on the road to recovery and wellbeing and plays a vital role in the success of our business.

Appointment Scheduling: Your physiotherapist will outline a recommended action plan as the best plan for your injury. You will achieve the maximum results when you keep your recommended action plan to this schedule. Therefore, to receive the most out of your care and to save time we ask that you schedule your appointments in advance.

Missed Appointments: Missed appointments will set you back in your recovery, so we ask that wherever possible you keep all your appointments. If an appointment must be changed, 24 hours notice is appreciated. If less than 24 hours notice is given for a cancellation, a cancellation fee may be charged. Consideration will be given for unavoidable circumstances.
All missed appointments must be made up later in the same day or within 24 hours to avoid a cancellation fee. **This fee is not covered by compensable bodies and must be paid by the patient**. People who repeatedly miss or reschedule appointments will regretfully be discharged from care as we realise you will not reach your health goals and we do not wish to waste your time.

I have read and fully understand the above Office Policy Form

Signed_____