



Date: / /

Please complete both pages and sign consent

Title: ..... Surname: .....

Given name(s): ..... Known as: .....

Address: .....

Suburb: ..... Postcode: .....

Phone No. Mobile: ..... Home: ..... Work: .....

Are you happy for your appointments to be confirmed by SMS: YES / NO

Email: .....

Are you happy for your treating physiotherapist to communicate with you via email: YES / NO

D.O.B.: / / Occupation: .....

Pensioner / Health Card / Full-time Student

GP Name & Address: .....

Specialist Name & Address: .....

Referred by: GP / Specialist / Other: .....

Next of Kin / Emergency Contact Person: .....

Relationship to you: ..... Contact number: .....

Are you happy for your treating physiotherapist to communicate with your GP / Specialist: YES / NO (please circle)

**Payment Method:** (please tick)

Private:  If yes, do you have private health cover with extras?  Yes  No

CDM (Medicare):  Medicare No: \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: /

DVA: Gold Card  White Card  DVA Number: .....

WorkCover:  Transport Accident Commission (TAC):

**For WorkCover and Transport Accident Commission (TAC) Patients:**

Claim Number: ..... Date of Injury/Accident: .....

Insurance Company: .....

Name of Case Manager: .....

**For WorkCover Patients:**

Employer: ..... Employer Address: .....

.....

Contact Person: ..... Contact Number: .....

