

Registration Form

Date:

Please read both pages and sign consent

Title:	Surname:
Given name(s):	Known as:
D.O.B.:	Occupation:
Address:	
	Postcode:
Mobile No:	Home No:
Email:	
Do you want to receive SMS notifications from our clinic (eg. appt reminders) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you want to receive emails from our clinic (eg. exercises programmes) <input type="checkbox"/> YES <input type="checkbox"/> NO	

GP Name & Address:
Specialist Name & Address:
Referred by: <input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Other
COVID-19 vaccinated: <input type="checkbox"/> YES <input type="checkbox"/> NO
Allergies:

Pensioner/Student/Health Care card: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WorkCover <input type="checkbox"/> TAC <input type="checkbox"/> NDIS: No.
Private Health Ins. extras: <input type="checkbox"/> YES <input type="checkbox"/> NO Fund name:

Next of Kin (in case of emergency):	
Relationship to you:	Phone:

<p>Privacy Information: Our practice collects information for the primary purpose of providing your health care. Maintaining confidentiality of this information is very important to us. For a full copy of our privacy policy please see our website www.ebrphysio.com.au</p> <p>Informed Consent: Please read detailed Consent information on the following page and sign below if you are agreeable</p> <p><input checked="" type="checkbox"/> I have read and understood the above statements relating to consent for treatment. I offer my consent to receive treatment within the practice. I agree to this consent remaining valid until such time as I withdraw my consent.</p> <p>Print patient/parent/guardian name: _____</p> <p>Patient/parent/guardian signature: _____</p>

Informed Consent Form

The physiotherapists in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent to or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

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'. It is your choice what information you choose to provide. Our Privacy Policy can be viewed on our website. <https://www.ebrphysio.com.au/privacy-policy/>

Physical contact

During the assessment, examination, and treatment it may be necessary for your physiotherapist to make physical contact. Your physiotherapist will ask your permission before making physical contact with you in any way.

Risks related to treatment

As with all forms of treatment, there are risks and benefits. The physiotherapist will discuss any foreseeable risks with you prior to administering treatment. In some cases, the physiotherapist may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved.

Infection control

Good hygiene and infection control measures must be followed by patients and EBR Physio staff, as directed by the Victorian Department of Health & Human Services ([DHHS](#)). For more details see the Health & Safety Policy on our website.

Children and minors

Consent from a custodial parent is required to treat a minor.

Substituted Consent

Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

You need to let us know

The risk related to some treatments can increase if the physiotherapist is not aware of certain facts. Please inform the physiotherapist if you have:

- A pacemaker or heart condition
- Suffered from blood clots, thrombosis or stroke in the past
- Suffer from diabetes
- Are currently taking any medication

Informed Financial Consent

I accept responsibility to pay the fees charged by the practice for treatment. I accept fees incurred for late cancellations or failure to attend appointments as per the EBR Physio Fee Schedule.

I accept responsibility to pay the fees charged by the practice for treatment. If I am being provided treatment under the NDIS (National Disability Insurance Scheme), a workers' compensation claim or motor vehicle accident insurance claim, wherever legally permitted, I am liable for all fees until they have been paid by the relevant insurer or if payment is denied/rejected.

In the event of my account being in default the practice may take action to recover all outstanding monies. I shall be liable for all resulting costs arising from the recovery; including commission which would be payable if the account is paid in full and legal costs including demand costs.