

**ROWVILLE PHYSIOTHERAPY  
PATIENT INFORMATION SHEET**



**ROWVILLE  
PHYSIOTHERAPY**

Mr  Mrs  Miss  Ms

**PHONE NUMBERS:**

-Please provide **TWO** numbers

**FIRST Name** .....

**SURNAME** .....

**ADDRESS** .....

**SUBURB** .....

**Postcode** .....

**Home:** .....

**Work:** .....

**Mobile:** .....

**Email Address:** .....

**Date of Birth:**     /     /

**\*Emergency contact number:** .....

Name: .....

Relationship: .....

**Family GP/Specialist details:**

Dr Name: .....

Clinic Name: .....

Telephone No: .....

**Do you prefer to receive** appointment confirmations by:

SMS Text

Email

**PERSON RESPONSIBLE FOR PAYMENT:**

Yourself

Parent

**PRIVATE**

Do you have PRIVATE HEALTH INSURANCE (for physiotherapy)

NO

YES- Which FUND.....

**Please present your Health Insurance Card to reception.**

This way we can process your claim DURING your consultation (as this will take some time).

**All claims can only be processed on the day of service, so please bring your card to each visit.**

Thank you for your assistance.

**WORKCOVER** Claim Number:..... Insurance Company: .....

Employer Name and Address:.....

Employer Phone Number: ..... Contact Person:.....

**TAC** Date of Injury: / / Claim Number:.....

(medical excess must be met & verified by TAC, otherwise you are responsible for payment).

**VETERAN AFFAIRS** (DVA Doctor's referral required)  GOLD card  WHITE card

VA Number .....

**For ALL patients-** we require that your account be paid **on the day of service**. Please be advised Rowville Physiotherapy does not take responsibility for Health Funds being down or any HICAPS issues that may hinder the clinics ability to claim on the day (this includes cards that we are unable to swipe).

**CANCELLATION POLICY**

**Please note,** any non-attended appointment **without notification** will result in the patient being billed the **FULL** consultation fee. We require **24 hours** notice when canceling and/or rescheduling.

Thank you for your co-operation.

*(Continued on next page ---> )*

**MEDICAL HISTORY QUESTIONNAIRE**

Please tick if you have any of the **medical conditions** listed below:

- Osteoporosis
- Diabetes
- Heart Disease
- Stroke

- High Cholesterol
- High Blood Pressure
- Heart Pacemaker
- Recent Surgery

**For women only**

- Pregnant
- On the contraceptive pill

Do you take any prescribed medications:  NO  YES

If **YES**, please describe below:

\_\_\_\_\_

Do you have any metallic objects within your body?  NO  YES

If **YES**, please list below:

\_\_\_\_\_

Do you have any medical conditions a practitioner needs to be aware of or further comments?

NO  YES

If **YES**, please describe below:

\_\_\_\_\_

**ROWVILLE PHYSIOTHERAPY GYMNASIUM USE WAIVER**

You may be introduced and encouraged to use our gymnasium correctly and safely by your practitioner for your rehabilitation. Please read and acknowledge you are aware of the following terms and conditions:

- There are associated risks in using gym equipment.
- Any injury that occurs whilst using the gym equipments is not the responsibility of Rowville Physiotherapy.
- I will use the gym equipment safely and correctly.
- I agree to take full responsibility for any damage or injury that occurs whilst using the gym equipment at Rowville Physiotherapy.

**HOW DID YOU HEAR ABOUT US:**

- Referred by Family/friend
- Internet
- Yellow Pages
- Driving by
- Rowville Secondary College
- Newspaper
- Flyer in letterbox
- Other (please specify)

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**SPORTS CLUB**

- Rowville Senior Footy Club
- Rowville Junior Footy Club
- Knox Tri Club
- Knox Athletics Venue
- St Justin's Netball Club
- Rowville Sports Academy
- South Croydon Football Club
- Caren School of Dance
- St Simon's Football Club
- Waverley Athletics Club

Where you referred by a specific doctor or health professional to this clinic?

NO  If YES please specify who.....

Was a practitioner at Rowville Physiotherapy recommended to you?

NO  If YES please specify practitioner.....

Please tick box below to indicate that you are aware of our payment, cancellation policy, fee schedule AND gymnasium waiver. By signing this, you agree that the information you have provided on these pages is correct.

**I AGREE This box must be ticked before the form is sent**