

PATIENT DETAILS AND CONSENT FORM

PERSONAL DETAILS

Name:

Address:

Phone: (Home) (Work) (Mobile)

Email Address:

Date of Birth: Occupation:

Doctor/s: Emergency Contact:

Please list any sports, hobbies or recreational activities you do regularly:

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What is your ethnic background? (please circle)

NZ European	Cook Island Maori	Fijian	Indian	Samoan
Other European	Tongan	Other Pacific	Other Asian	Tokelauan
NZ Maori	Niuean	South East Asian	Chinese	Other Ethnic Group
Other (Please describe)	I would prefer not to state			

Who referred you to our clinic? (please circle)

Doctor / GP	Surgeon / Specialists	Friend	Sports Team / Club	Hospital
Relative	Yellow / White Pages	Our Website		
Other (please describe)				

HEALTH INFORMATION

For your safety and protection, please circle **YES** or **NO** to the follow questions:

- Do you have a pacemaker or any other implants of any kind? Yes / No
- Do you have HIV/AIDS, MRSA or Hepatitis? Yes / No
- Are you on any medications? Yes / No
- Do you have any chronic or serious health problems? Yes / No
- Do you have any allergies / sensitivities? Yes / No
- Do you suffer from any fits, fainting or funny turns? Yes / No
- Do have a bleeding disorder? Yes / No
- Do you have a damaged heart valve or have any particular risk of infection? Yes / No

CONSENT TO TREATMENT

I hereby give my consent for physiotherapy assessment (note: once assessment is complete the physiotherapist will provide information and explain treatment plans & risks, in particular for acupuncture, electrotherapy & manipulation)

I have the right to decline part or all of the treatment offered to me at any time.

I undertake to pay for the full cost of treatment (and/or the surcharge) and materials, and to pay for any treatments declined by ACC or my insurance company.

I agree to pay in full charges for missed appointments (Cancellations must be made a minimum of 3 hours prior to appointment).

I agree to pay any unpaid account sent to a debt collection agency, inclusive of additional recovery costs.

Signature:

Date:

In accordance with the Privacy Act, all information recorded in your health records will be kept confidential. Under The Privacy Act, you have the right to access and correct your personal information held by this practice. No information is given to a third party without your permission.

