



Active  
Physiotherapy  
Mackay

# New Patient Registration Form

Title:  Mr     Mrs     Miss     Ms                       Male     Female

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Your Dr's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Do you have a pension card?     No             Yes

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about this practice?  Online     Local Directories     Our Website     Cutt ers     Ace Racing

Magpies Crusaders Soccer     Bakers CreekTigers AFL     Mackay Basketball     Souths Football     Citybeach Volleyball

MS Queensland     Gym: \_\_\_\_\_     Gold Coast Suns AFL

Lions Soccer     Differently Abled Hockey     From My Doctor: OVerbal O Written

Friend Referral (Name): \_\_\_\_\_  Other: \_\_\_\_\_

Do you have any allergies?

\_\_\_\_\_

\_\_\_\_\_

Do you have Private Health Insurance?  No     Yes, name: \_\_\_\_\_

What is the reason for seeking our services today? \_\_\_\_\_

\_\_\_\_\_

What are your short term goals to achieve from physiotherapy, what time frame? \_\_\_\_\_

\_\_\_\_\_

Do you also have long term health goals? \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

How physically active is your job: \_\_\_\_\_

Hobbies, sports, physical activity: \_\_\_\_\_

Do you normally exercise? Y / N    If so, what do you do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



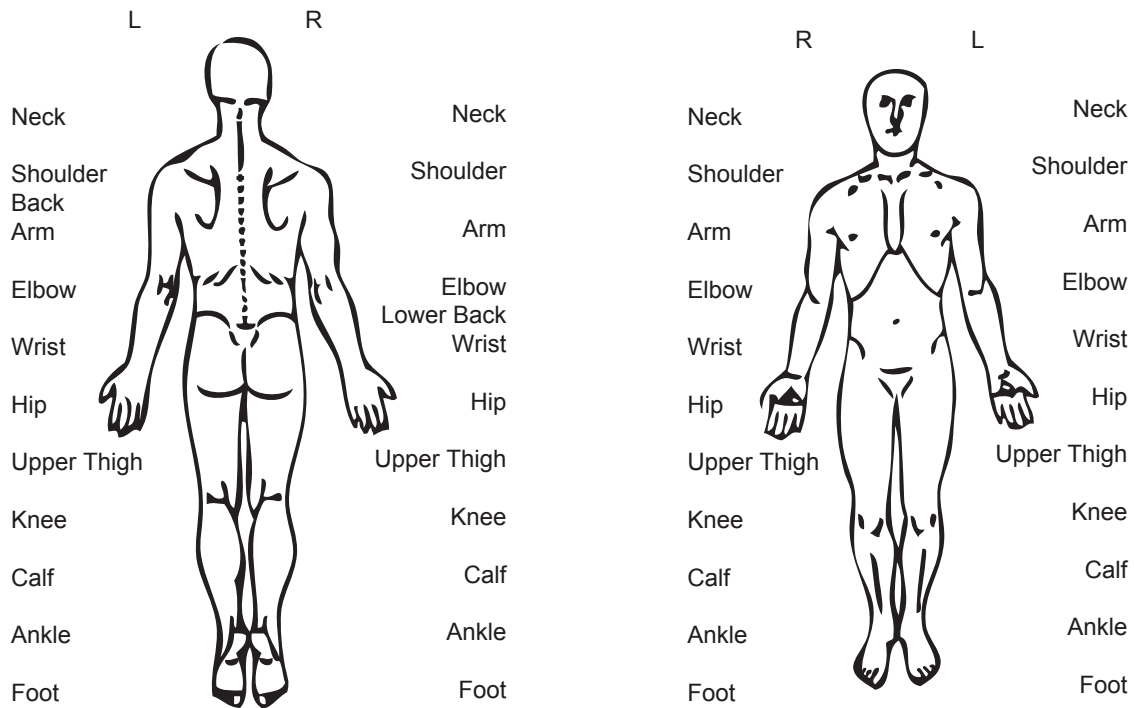
# Active Physiotherapy Mackay

The following information will ensure we optimise your outcome and deliver physiotherapy excellence. 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 .

What is your Height? \_\_\_\_\_ What is your Weight? \_\_\_\_\_

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



What do you think started this problem? \_\_\_\_\_

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                      Intensity Varies

Sharp                      Travels                      Achy                      Comes and Goes                      Radiates                      Intensity Doesn't Vary

Do you get:                      Pins and Needles                      Tingling                      Numbness                      Weakness



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Since the problem started, is it:  About the Same  Getting Better  Getting Worse

Which activities make your pain worse? \_\_\_\_\_

Which activities ease your pain? \_\_\_\_\_

Does this problem disturb your sleep? \_\_\_\_\_

What is it like when you wake up in the morning? \_\_\_\_\_

Does the pain change during the day? Y / N If so, how? \_\_\_\_\_

How bad is the pain on a scale of 0 - No Pain to 10 - Worst Pain Imaginable

At Best \_\_\_\_ /10 At Worst \_\_\_\_ /10

Do you generally feel healthy? Please list any problems with your general health: \_\_\_\_\_

Previous conditions or operations: \_\_\_\_\_

Other health professionals seen for this problem (please list):  Medical Doctor  Specialist  Surgeon  Chiropractor

Massage Therapist  Bowen Therapist  Other: \_\_\_\_\_

Name of other health professional: \_\_\_\_\_

List medications you are taking: \_\_\_\_\_

- Do you have or have ever had?  High Blood Pressure  Bladder or Bowel Difficulty  Heart Problems  Strokes
- Diabetes  A Pacemaker  Aneurysm  Osteoporosis  Cancer
- Rheumatoid Arthritis  Ankylosing Spondylitis  Psoriatic Arthritis  Reiter's Arthritis  Pregnant
- Spinal Trauma  Spinal Fracture  Spinal Surgery  Cartilage Injuries
- Dizziness  Dislocations  Ligament Injuries  Implants
- Osteoarthritis  Unexpected Weight-Loss  Joint Replacements  Epilepsy or Seizures
- Taken Steroids/Oral cortisone/prednisolone  Recent Nausea/Feeling unwell

Details: \_\_\_\_\_



# Active Physiotherapy Mackay

## Clinic Policy

*Our goal is to deliver an exceptionally friendly and professional service providing you with the best in physiotherapy care.*

### 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, please discuss this with your physio. We want you to get the most from your care at Active Physiotherapy Mackay.

### REFERRALS

The greatest compliment we can receive is the referral of a friend or family member. We look forward to assisting you and trust that your experience here is a positive one.

### 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. To receive the most out of your care, and to save time, we ask that you schedule your appointments when receiving your plan.

### MISSED APPOINTMENTS

24 hours notice will allow rescheduling to other clients in need. Failure to give 24 hours notice may require you to prepay for your appointment. Prepayment is non-refundable and if forfeited this fee is not rebatable. Missed appointments will set you back in your recovery.

### X-RAYS AND SCANS

Our team can obtain your recent Radiology scan results. Please inform our receptionists if you have had any imaging completed for body areas relevant to your appointment today. Your signature below gives consent for APM to obtain your scan results.

### CORRESPONDENCE

Our physiotherapists will contact your nominated Doctor to inform them of your progress. At Active Physiotherapy Mackay we believe in building a team of health care professionals to best achieve your health goals. Your signature below indicates that you give permission to the therapist to exchange information with your Doctor, Allied Health Practitioners, Medical Specialists, Lawyers, and third party (insurance/Workcover) Case Managers, and allow access to My Health Record when necessary.

This information will be confidential, please refer to <http://www.activephysiotherapymackay.com.au/privacy-policy> for more details.

I consent to Active utilising technology including clinical photography/videography, with careful storage of my images.

## Treatment Consent

Physiotherapy treatment is an effective and safe form of treatment however like any treatment there are benefits and risks. 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 or refuse any form of treatment for any reason including religious or personal grounds.

Typical physiotherapy carries a remote possibility of injury to structures such as but not limited to; nerves, bones, muscles, ligaments, discs or arteries. Physiotherapy can occasionally cause local swelling, bruising or transient increases in pain or other symptoms. Electro-physical agents such as ultrasound or interferential therapy have been linked to minor burns and abnormal skin reactions. Allergic skin reactions to creams, tape, or needles are a possibility.

You will be asked to expose the injured body part for assessment and treatment. Please inform your physiotherapist if you feel uncomfortable at any time, as alternative methods are available. Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the physiotherapist can provide effective treatment. If you feel uncomfortable with a particular question please let the Physiotherapist know. You have the right to a second opinion at any time. The large array of skills in our team allows this to occur easily. Please contact your physiotherapist immediately if you experience adverse reactions. It is important to attend follow-up appointments as arranged by your physiotherapist to allow completion of your course of planned treatment.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The above must be at least 18 years of age, otherwise consent from a custodial parent is required to treat a minor.