# New Patient Consent

GWYDIR CHIROPRACTIC & PHYSIOTHERAPY

Date: _____

Title: _____ First name: _____ Surname: _____

Date of Birth: ____/____/_____ Medicare No: _____IRN: ____ Expiry date: _____

Address: _____

Suburb: _____ Postcode: _____

Phone number: _____ Mobile: _____

Email: _____

(Physiotherapist will send recommended Stretches & Exercises)

Occupation: _____ Your general practitioner: _____

Emergency contact name & relationship: _____

Emergency contact number: _____ Is this a worker's compensation case: ☐ Yes ☐ No

Name of private health fund (if applicable): _____

Please list any medications/drugs you are currently taking:

_____

_____

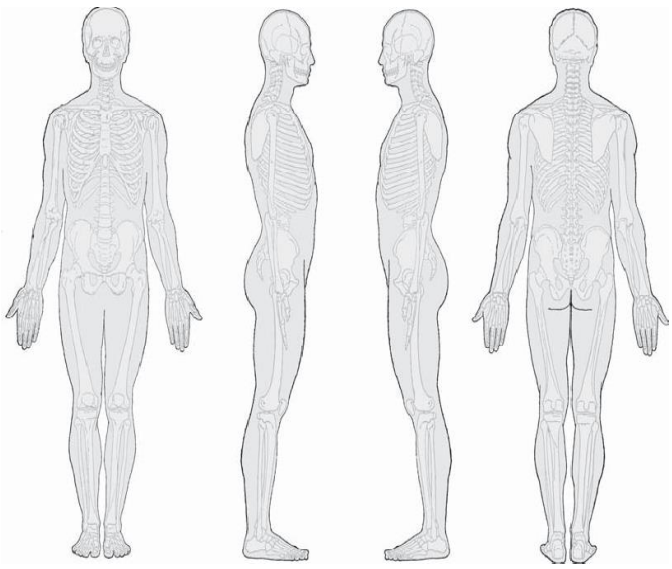
What is your Major Complaint today? _____

When did this begin? _____

What do you think caused this complaint? _____

What treatment have you had for this problem? _____

***Using the image below, please circle the areas where you are experiencing pain or discomfort.***



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**Right Now, what is the intensity of your pain?**

0..... 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10.....

**What is the most intense this problem has been?**

0..... 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10.....

Have you experienced these symptoms before? ☐ Yes ☐ No

If yes, when? _____

What makes this condition worse? _____

What makes this condition better (e.g. rest, ice, movement)

_____

Does the pain radiate anywhere? ☐ Yes ☐ No If yes, where? _____

Do you have numbness or tingling in the legs or arms/hands? ☐ Yes ☐ No Explain_____

Is your blood pressure? ☐ Normal ☐ Low ☐ High ☐ Don't Know

Have you ever had any hospitalization or surgeries? ☐ Yes ☐ No If yes, please list, with date if possible_____

## NEW PATIENT CONSENT TO EXAMINATION AND PHYSIOTHERAPY CARE

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. 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 relation 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 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.

**Patient's Signature: _____ Date:** _____
(Parent or guardian signature required if under 15 years old).

**Physiotherapist's Signature: _____ Date:** _____