Relieve Revive Physiotherapy

Patient Registration Form

Given Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Date of Birth: _____ Occupation: _____

Contact Number: _____ (Mobile) _____(Home)

Email Address: _____

Do you identify as Aboriginal or Torres Strait Islander? Yes/No (Please circle)

Medicare Card No: _____ Ref Number: _____ Expiry: _____

Pension/Health Care Card No. (circle): _____ Expiry: _____

Past Medical History: _____

Medications: _____

Emergency Contact Person

Name: _____ Relationship to you: _____

Contact Number:_____ Address: _____

Method of Payment

Private Health Insurance ☐ Medicare EPC ☐

TAC/WorkCover ☐ ➡ Please fill out the next page

How did you hear about us? _____

Would you like us to send you latest updates and newsletters? Yes ☐ No ☐

Informed Consent

Your personal information that is relevant to your medical condition will be collected and recorded. This information will only be seen and used by relevant professionals involved in your care. All information will be kept strictly confidential except in the following situations:

- Medical emergencies
- You are at risk of harming yourself or others
- It is subpoenaed by court
- Your written approval was obtained to release information to a 3rd party.

Cancellation Policy

If you are unable to attend an appointment, please notify us as soon as possible. This allows us to offer the appointment to other patients in need. Failure to attend or cancellations with **less than 12 hours** will be charged a **late cancellation fee.**

Full Name: _____ Date: _____

Signature: _____ Signature of parent/guardian: _____

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Patient Registration Form

TAC / WorkCover Claim Details

☐ TAC Claim No: _____ Accident Date:_____

☐ WorkCover Claim No: _____ Injury Date:_____

Insurance Company: _____

Insurance Company Contact Person: _____

Insurance Company Contact Number: _____

Insurance Company Contact Email: _____

Employer: _____

Employer's Contact Person: _____

Employer's Contact Number: _____

Employer's Contact Email: _____

Full Name: _____ Date: _____

Signature: _____ Signature of parent/guardian: _____