

**Patient Registration Form Physiotherapy- Pitt Street**

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

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

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

**Contact Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Area Injured: \_\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Fund: \_\_\_\_\_

GP: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Relevant Medical History: \_\_\_\_\_

Medication/ Allergies: \_\_\_\_\_

Is this a Workers Compensation Claim? Yes / No

Physical Activity: \_\_\_\_\_ Time per week (e.g. 1 hour): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Referral Source:** Word of Mouth: Y / N Name: \_\_\_\_\_

GP/Specialist \_\_\_\_\_

Website: \_\_\_\_\_

Other: \_\_\_\_\_

**Cancellation Policy in accordance with the Australian Physiotherapy Association**

Our practice requires 24 hours notice if you wish to cancel your appointment. This provides the practice with the opportunity to offer the appointment to other patients. If 24 hours notice is not provided and you do not attend, you may be charged a cancellation fee. Motor Accident Insurance and Workers Compensation does not cover charges for non attendance. These charges will need to be met by the patient.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_