

**Patient Registration Form – Child (to be completed by guardian)**

(Please complete and return via email)

**Parent/Guardian Details:**

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

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

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

Best Contact Number: \_\_\_\_\_ Mobile/Work/Home

Email Address for zoom invite: \_\_\_\_\_

**Child's Details**

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

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

Child's Relevant Medical History: i.e. broken bones, joint dislocations etc

Current injuries (please list): \_\_\_\_\_

Past history of injuries (Please list): \_\_\_\_\_

Areas of Concern/Additional Information:

\_\_\_\_\_

Other relevant medial history: \_\_\_\_\_

Physical Activity:

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

Time per week (e.g. 1 hour):

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

**Goals of participating in on-line exercise class**

- Increase flexibility: Areas of concern: \_\_\_\_\_
- Increase core strength: Specific Areas: \_\_\_\_\_
- Improve movement control/patterning: \_\_\_\_\_
- Fun activity with friends: \_\_\_\_\_
- 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/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please contact me [emma@yourhealthdomain.com.au](mailto:emma@yourhealthdomain.com.au) or 9251 5111 if you have any queries.

Kind regards

Emma Gillingham (Shanahan)  
Director Your Health Domain  
APA Musculoskeletal, Sports & Exercise Physiotherapist  
DMA Clinical Pilates trained