

## PAEDIATRIC PHYSIOTHERAPY INTAKE AND CONSENT FORM

### Patient Information

Child's Full Name

Gender

Male

Female

Date of Birth

Age

Pronouns

Address

Caregiver Name

Caregiver Name

Phone

Email

Preferred Contact Method

GP Name

GP Clinic

Clinic Phone Number

Consent to contact the clinic if required

Yes

No

How did you find us? Referred by?

# PAEDIATRIC PHYSIOTHERAPY INTAKE AND CONSENT FORM

## Medical History

Current Conditions

Previous  
Conditions/surgeries

Current Medications

## Private/EPC/NDIS Details

Private Health  
Insurance

NDIS

NDIS Plan  
Number

NDIS  
Manager

NDIS  
Dates

Medicare  
Number

Position  
on Card

Exp

# PAEDIATRIC PHYSIOTHERAPY INTAKE AND CONSENT FORM

## Policy and Consent

### Physiotherapy Clinic Privacy Policies.

All information contained within your file is handled as strictly personal. Only under written consent or as required by law will this information be shared externally. Should you have questions about our privacy policy; or if you would like a written version, please feel free to ask. Please note that by providing your consent below, it is assumed that any concerns or questions you have, have been addressed to your satisfaction and that you choose to proceed.

### Cancellation, Lateness and No-shows.

Any appointment cancelled on the same day, or no-shows, will be charged the full service fee (which may not be covered by your insurance). This is necessary to ensure proper respect for treatment times and the difficulty in rescheduling with less than 24 hours notice.

### IMPORTANT

It is very important that you clarify your coverage prior to initiating physiotherapy treatment to ensure you are reimbursed to your full expectation. Clients are responsible for full payment of their account at the end of treatment. Payment can be made by cash, debit, Visa and Mastercard.

I fully understand and agree to abide by the above policies as outlined.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Consent to assessment and treatment.

I, \_\_\_\_\_ consent to the assessment and treatment that my physiotherapist will provide for my child \_\_\_\_\_. I understand that my physiotherapist will review the risks, benefits and rationale for the treatments provided on an ongoing basis and that consent will be reviewed as treatment changes or progresses. I understand that my consent to all or part of my child's treatment can be withdrawn at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_