

Title: Dr / Mr / Mrs / Ms / Miss _____

Surname: _____ First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (M) _____ (H) _____ (W) _____

Occupation: _____ DOB: _____

Email Address: _____

Do you have a Pension / Health Card: YES / NO

Premium Physiotherapy under no circumstances will sell, trade or rent any personal information you supply to us, to any third party

GP Name: _____

GP Clinic: _____

Do you approve correspondence to your GP regarding your treatment? YES / NO

How did you find out about Premium Physiotherapy? Please tick

GP Referral	Family / Friend	Website	Yellow Pages
Specialist Referral	Signage	Facebook	Health Fund
Other Health Practitioner	Sports Club / Trainer	Google / Internet Search	Other

Name of GP/Specialist/Health Practitioner Referrer: _____

Payment Method: Please circle one option and complete details

Private: Private Health Insurance cover with Extras: YES / NO

EPC (Medicare): Medicare No: _____ / _____ Exp. Date: _____ / _____

DVA: Gold Card White Card DVA Number: _____

TAC: Claim No _____ Date of Accident _____

Workcover: Claim No _____ Date of Injury _____

Insurance Company _____

CONFIDENTIAL PATIENT HISTORY

Area of your body that is injured? _____

How long have you had this concern? _____

Have you had this concern in the past? _____

Have you seen other Health Professionals for this problem? Please list. _____

Medications: _____

Do you have or have you ever had? Please tick

High blood pressure	Heart attack	Heart problems	
Diabetes	Stroke	Osteoporosis	
Rheumatoid arthritis	Ankylosing Spondylitis	Psoriatic arthritis	
Spinal trauma / fracture	Spinal surgery	Pacemaker	
An aneurysm	Cancer	Depression / anxiety	
Gastrointestinal problems	Dislocations	Dizziness	
DVT	Lung issues eg. asthma	Allergies	
Blood disorder	Epilepsy	Cortisone / steroid use	

Further details: _____

Have you had any type of surgery? YES / NO

Details: _____
