CITY PHYSIOTHERAPY

Patient information form

Title ☐ Mrs ☐ Mr ☐ Ms ☐ Miss ☐ Other _____

Name _____

Address _____

_____

Suburb _____ Post code _____

Date of birth _____ / _____ /_____

Phone H _____ W _____ M _____ F _____

Email address

☐ PLEASE TICK HERE IF YOU WOULD RATHER NOT RECEIVE ANY UPDATES/NEWS FROM CITY PHYSIOTHERAPY.

Health Fund _____ Member no. _____ ID no. _____

Current General Practitioner _____ Phone no. _____

Surgery name & address _____

WORKCOVER & VEHICLE ACCIDENT CLIENTS ONLY

Employer _____ Occupation _____

Business address _____ Suburb _____ Post code _____

Date of injury _____ / _____ /_____ Claim no. _____

Insurance company _____ Has your claim been accepted? ☐ Yes ☐ No

Claims contact person _____ Post code _____

Do you have a pacemaker? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

THANK YOU, NOW PLEASE READ AND SIGN

I acknowledge my responsibility for all treatment fees incurred and undertake to advise of any changes in my claim. I understand that if I default on payment and the account is passed to a collection agency, I will be liable for all collection costs. All main electronic payment services, including Hicaps, are available. **It is our policy to receive payment on the day of treatment.** Benefits for physiotherapy differ between health funds. Physiotherapy is free of GST. We look forward to being of service to you.

How did you hear about City Physiotherapy? _____

Signed _____ Date _____ / _____ / _____

CITY PHYSIOTHERAPY AND SPORTS INJURY CLINIC

Level 6 / 108 King William Street, Adelaide, South Australia 5000

81 King William Street, Adelaide, South Australia 5000

Phone 8212 4886 Fax 8212 8028 Email info@cityphysiotherapy.com.au Web www.cityphysiotherapy.com.au ABN 70 115 800 817