

GENERAL INTAKE FORM



DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

GENDER: Male Female Intersex

DOB: \_\_\_/\_\_\_/\_\_\_

Phone: \_\_\_\_\_

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

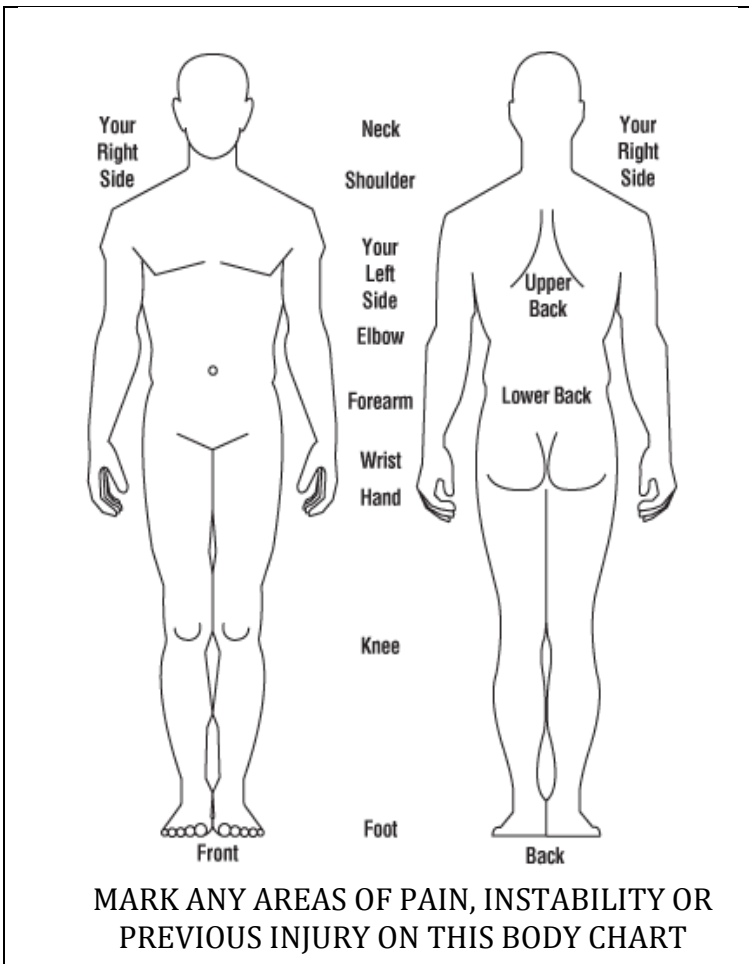
Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GP name : \_\_\_\_\_

GP practice: \_\_\_\_\_



**PLEASE CIRCLE ANY SYMPTOMS YOU EXPERIENCE IN THE BOXES BELOW**

Pain with raising arms overhead	Dizziness	Low/High blood pressure	Balance impairment or falls	Fainting Blackouts Seizures	Chest pain/angina
Anaphylaxis	Pelvic floor weakness or incontinence	Hearing or visual impairment	Diabetic hypoglycaemia/hyperglycaemia	Difficulty climbing flight of stairs	Difficulty getting on or off the floor

Surgical history: \_\_\_\_\_

Relevant medical history and current medications: \_\_\_\_\_

\_\_\_\_\_

♀ Pregnancy & childbirth history- include info re: episiotomy, forceps, perineal tearing, CS etc. \_\_\_\_\_

\_\_\_\_\_

Previous exercise history: \_\_\_\_\_

\_\_\_\_\_

Rehabilitation and/or exercise goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## A COST-EFFECTIVE MODEL OF SERVICING THE COMMUNITY

Next Step Physio has adopted an innovative model of prehabilitation and rehabilitation service delivery. The aim of this model is to reduce the incidence of injury, disability and chronic disease in the community by making quality evidence-based exercise and therapy as affordable as possible. Low-cost premises are utilized for exercise classes are used to achieve this.

So we can continue to charge the most affordable price to our committed clients, Next Step Physio reserves the right to refuse further appointments to clients who repeatedly cancel appointments. We ask that you respect and accept this model of care when engaging with our service.

## PERSONAL HEALTH INFORMATION

Your personal health information may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating practitioners, general practitioners, specialists or allied health professionals
- For follow up reminders, recall notices, notifications and information relating to Next Step Physio
- For National/State or Territory registers, reminder systems or disease notification as required by law
- Accounting/Medicare/Health Insurance procedures
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For legal related disclosure as required by a court of law
- For research purposes (where you are not able to be identified from the information given).

If you have any concerns or wish to restrict access to your personal health information please discuss this with your physiotherapist.

This practice adheres to National Privacy Principles ([www.privacy.gov.au](http://www.privacy.gov.au)).

## ASSUMPTION OF RISK

Please read and acknowledge you are aware of the following terms and conditions:

*I understand that participation in any physical conditioning activity or exercise program presents some unavoidable risk of injury.*

*I understand that balance is only improved by exercises that are performed at the limits of stability, and that there is some inherent risk in balance retraining.*

*I acknowledge the possibility of certain unusual physical changes during exercise. These changes include abnormal blood pressure; fainting; heart attack; and, in rare instances, death.*

*I confirm that I have obtained or will obtain medical clearance from my physician prior to commencing an exercise program.*

*I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.*

*I agree that no warranties or representations have been made to me regarding the results I will achieve from a physiotherapy program, and that results are individual and may vary.*

*I will use equipment safely and correctly as shown by Next Step Physio staff.*

*I hereby release Next Step Physio (its employees and owners), from any claims, demands and causes of action arising, any damage, loss or injury that occurs whilst exercising.*

Name:

Signature

Date: