Goodsports Physiotherapy & Spinal Care

New Patient Form

Miss / Mrs / Ms / Mx / Mr / Dr (please circle)

Full Name:
_____

Date of Birth: _____ **Phone:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Email: _____

Private Health Fund: Y / N If yes, please circle: **Medibank Private** **BUPA** **HCF** **NIB**

Other (please specify): _____

INFORMED CONSENT FORM

This is NOT a waiver form. It is part of our "duty of care" to you that all allied health practitioners inform you of any material (pertinent) risks associated with professional treatment techniques.

Some therapy techniques such as therapeutic massage, joint manipulations (low amplitude, high velocity), traction or mobilisations (low amplitude, low velocity) have a very slight risk of causing injury. A remote possibility of injury to structures such as but not limited to; nerves, bones, muscles, ligaments, discs or arterties exists. Research evidence indicates that skilled cervical (neck) manipulation is safer than taking anti-inflammatory medication. In very rare circumstances, damage may occur to the vertebral arteries in the neck and the patient may suffer a stroke. However, actual manipulation techniques of the neck are used extremely rarely in this practice and you will be given full explanation of risks before any such technique would ever be used. There is a small risk that treatment may produce pressure on nerves going down the arm or leg. Electro-physical agents such as ultrasound or interferential therapy have been linked to minor burns and abdominal skin reactions. Acupuncture and the above listed techniques can occasionally cause temporary local swelling, bruising or transitory increases in the levels or distribution of pain or other symptoms. In very rare cases acupuncture has been reported as being associated with bodily infections or collapse of a lung (less than 1 in 70,000 – 1.27 million). Allergic skin reactions to massage oils, strapping tapes, acupuncture needles or topical applications are a possibility.

Following the verbal explanation of my examination results and the explanation of therapeutic techniques the therapist thinks suit my present condition, I will be asked to give my consent to treatment. I have the right to decline treatment that the therapist offers me at any time. I have the right to a second opinion at any time. I give permission to the therapist to exchange information with my doctor and other medical specialists when necessary. I understand that this information will be confidential.

I have read this form, understand the information it contains and give my consent to treatment.

Signed: _____ Name: _____

Witnessed: _____ Date: _____/_____/_____

Goodsports Physiotherapy and Spinal Care
4/2337 Sandgate Road (cnr Roscommon Road) Boondall 4034 – P: (07) 3216 5505
www.goodsportsphysio.com.au – admin@goodsportsphysio.com.au