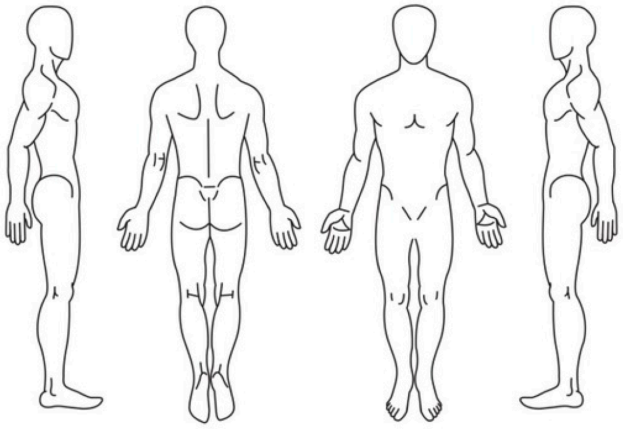
NEW CLIENT FORM

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr **Gender:** ☐ M ☐ F		**DOB:**
Name:		**Occupation:**
Address:		
Phone:	**Mobile:**	**Employer:**
Email:		**Emergency contact:**
Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed		**Emergency contact phone:**
GP or referring professionals name:		**Practice name:**
Practice address:		**Practice contact phone:**

How did you hear about us?	☐ Google search	☐ Health professional (please list)
	☐ Facebook	☐ Family, friend or workmate (please list)
	☐ Flyer	☐ Other (please list)

PERSONAL HEALTH HISTORY

Please list the reason for your visit today	**Please mark on the diagram where you feel pain or tension**
	
Please list any surgeries, trauma or injuries you have sustained	

Please list any prescribed medication including any vitamins and supplements		
Name	Dose	Frequency Taken

Check if you have, or have had, any of the following conditions to a significant degree and briefly explain.		
☐ High blood pressure	☐ Osteoporosis	**Recent changes in:**
☐ Low blood pressure	☐ Arthritis	☐ Weight
☐ Heart attack	☐ Asthma	☐ Energy level
☐ Chest pain	☐ Cancer	☐ Ability to sleep
☐ Difficulty breathing	☐ Stroke	☐ Night sweats
☐ Headaches	☐ Blood clots	☐ Fever
☐ Dizziness	☐ Deep vein thrombosis (DVT)	☐ Other pain/discomfort:
☐ Nausea	☐ Diabetes	

TERMS AND CONDITIONS - INFORMED CONSENT TO TREATMENT

When performed by a qualified practitioner, manipulation of the spine and other joints, muscles and other parts of the musculoskeletal system is an effective and safe method of treatment for many conditions. There are, however, risks associated with any treatment and we are required to inform you of these.

Please read the following carefully and discuss any questions you may have with your treating practitioner. If you agree with the following, please fill out the name of your practitioner, sign and return this form.

I request and consent to the performance of manipulation and other procedures.
I confirm that I have had the opportunity to discuss with the practitioner named below the nature and purpose of the manipulation and other procedures. I understand that results are not guaranteed.

I understand, and acknowledge that I have been informed that, in the practice of osteopathy, physiotherapy, chiropractic, massage and acupuncture as in the practice of medicine, there are some very slight risks to treatment including, but not limited to - muscle and joint soreness, muscle strains, joint strains, fractures, disc injuries and strokes. I do not expect the practitioner named below to be able to anticipate and explain all of the risks and possible complications to me. I wish to rely on the practitioner treating me to exercise his or her judgment during the course of my treatment in such a manner and to the extent that he or she feels at the time, based on the facts then known, is in my best interests.

I have read the above, and confirm that I have also had the opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time in writing.

After your first consultation, **Multiple Appointments** may be required to be booked at this clinic to ensure optimal outcome for your condition, illness or injury.

This clinic has a **24-hour cancellation policy** that applies to all appointments. Failure to provide 24-hour notice when changing or cancelling appointment times, including missed appointments will result in being charged the full appointment fee. It is expected that you will pay for each appointment at the end of your session.

If you are happy with your consult we would appreciate it if you could **refer friends and family** to our centre.

Late arrival policy:

Call us if you think you'll run late for your appointment- it's just polite to do so. Often, we are able to shuffle a few appointments around to accommodate you at a slightly later time. The more notice we have the easier this is. If you are late to an appointment we may have to adjust the duration of your appointment to ensure that other clients are not inconvenienced.

Consent for treatment:
Signing below informs us that you have read and understood our **'Terms and conditions – Informed consent to treatment document'**, our **'cancellation policy'**, our **'late arrival policy'**, that the medical information you have provided us is accurate and completed to the best of your knowledge, and that you consent to receiving treatment.

Signed (by a parent/guardian if under 16): **x** _____

Today's date: _____