Cremorne Physio
New Patient Information

Title: (please circle)	Mrs	Mr	Miss	Ms	Dr	Prof

Surname:	Given Name(s):	D.O.B: / /

Postal Address:

____

Suburb:______________________________ **Postcode:** ____________

Telephone: (W) **(H)** **(M)**

Email:

Occupation:	Employer:

Next of Kin:

Name: ______________________________ Relationship: ____________________

Telephone: (H)____________________ (W) ____________________ (M) ____________________

Who is your regular GP?

______________________________Telephone:______________________________

Address: ____

Do you give permission for us to send a letter to your Doctor confirming that you have commenced treatment? ☐ Yes ☐ No

How did you find out about this practice?

- ☐ Referred by Doctor, Who? ____________________
- ☐ Word of Mouth, Who?____________________
- ☐ Walk/Drive by
- ☐ Internet search, Which site?____________________
- ☐ Our website
- ☐Poster/Advert,Where?____________________
- ☐ Brochure flyer, Where? ____________________
- ☐ From my gym, Which? ____________________
- ☐ Other:____________________

Are you a member of a gym/sports club? ☐ Yes ☐ No Which one?______________________________

Do you have a Personal Trainer? ☐ Yes ☐ No

Name:______________________________ Phone No:______________________________

CONDITIONS OF TREATMENT

I hereby acknowledge that at all times I am personally responsible for the payment of my account. I understand that should I cancel or not attend a scheduled appointment without providing 24 hours notice that the full treatment fee may be charged.
Liability: Cremorne Physiotherapy & Sports Injury Clinic accepts no responsibility for clinical treatment or advice provided – any professional liability is between the patient and the individual treating therapist – all therapists are insured via their own personal Professional Indemnity policies. ***We attempt at all times to provide a service of the highest quality. Please feel free to discuss any problems confidentially with your Treating Practitioner.***

______________________________ SIGNATURE

____________________ DATE