

Title: _____ Given Names: _____ Surname: _____

Gender: _____ Date of Birth: ___/___/_____ Age: ___ Parent/Guardian (if under 18): _____

Postal Address: _____

Residential Address: _____

Mobile: _____ Alternative phone: _____

Email: _____

Emergency contact (name and ph): _____

Your GP/ Medical Practice: _____ Private Health Fund: _____

Any major medical issues: _____

Any minor medical issues: _____

Do you, or have you ever had (please circle):

- | | | |
|---------------------------|----------------------------------|--------------------------------|
| Pacemaker | Heart condition | Diabetes |
| Blood clots / haemophilia | Stroke | Asthma / Respiratory condition |
| High/low blood pressure | Osteoporosis / brittle bones | Cancer / tumour |
| Epilepsy | HIV / AIDS / Hepatitis | Immune system disorder eg. RA |
| Thyroid problems | Serious injury eg. MVA | Eczema / Allergies |
| Sleep disturbance | Major stress/ life event/ trauma | Mental health disorder |

Please detail (if required): _____

Are you currently pregnant: _____ weeks. How many children do you have: _____ Pelvic Floor Issues _____

Have you had any surgery: _____

Medications: _____

Have you had any imaging (x-ray etc) what body parts: _____

If any significant findings please email or bring the reports or copies of images with you.

Describe your current Equestrian Involvement: _____

Discipline/s: _____ Club/Group: _____

Other Sports/ Exercise/ Hobbies: _____

Occupation: _____ Coach/s: _____

Equestrian Insurance (EA, PC, ARC, other): _____

Briefly describe the problem that you are seeking Physiotherapy for: _____

What is it stopping you from doing? (also think about any activities or movements that are particularly important to you eg. gardening, gym, lifting child...)_

How long has this been going on? _____

Does this problem affect your riding/ horse care? How? _____

Any previous musculoskeletal injuries or issues (eg. sprained ankle, back pain): _____

Have you had any Physiotherapy before, if so what was it for? _____

Have you had a fall or possible concussion within the last 21days? _____

What are your physical goals, any events you are aiming for etc? What are your expectations and hopes? What is your desired outcome? _____

I would like to discuss an appointment for my horse/s:

My horse has previously been seen by AB Physiotherapy Services:

How did you hear about AB Physiotherapy Services: _____

Consent and Policies:

This form is to let you know what your rights are and how this practice addresses the issue of collaborative decision making and informed consent between physiotherapist and patient.

I acknowledge that I am ultimately responsible for payment of this account as well as any costs incurred in the recovery of payment. Payment on the day is appreciated. Accounts not paid by the end of the month will be re-invoiced. Payment is preferred by cash or EFT. Private health insurance benefit can be claimed for Physiotherapy consults by submitting your receipt to your health fund.

Failure to attend appointments without prior notice being given (minimum 24hrs), may incur a non-attendance fee of \$25.00. Private health funds generally do not cover this fee. Missed appointments can delay your recovery, if you are unable to attend your appointment please reschedule in advance.

I understand that the information obtained in this form and during a consult is confidential and can only be released with my consent.

I give permission for AB Physiotherapy Services to access and release relevant details, medical history and imaging between my hospital, private practitioner, insurance company, solicitor and other registered health professionals involved in my care.

AB Physiotherapy Services will ask my permission first before discussing any details with other relevant persons such as; riding coach, horse owner, employer.

I give permission for photos and film to be taken during consults to assist with assessment and for comparison purposes. These files will be stored securely. AB Physiotherapy Services will ask permission before filming any component and you can withdraw consent at any time. Occasionally some de-identified videos/images may be used for marketing and educational purposes.

Physiotherapy is generally an effective and safe form of therapy. However, like all interventions as well as benefits there are also possible side effects and risks. Every individual has their own rate of healing and unique response to treatment; this is dependent on many factors, such as other health issues, diet, sleep, stress, etc. AB Physiotherapy Services will provide you with information about foreseeable risks and benefits of treatment options, prior to administering treatment. For some treatments (dry needling, ridden assessment) you may be asked to read additional information and sign a further consent form.

I give permission for my treating physiotherapist to use the appropriate modalities and manual techniques for assessment and treatment during my consultation. Your condition and treatment options will be discussed so that you are appropriately informed and, together with your physiotherapist can make decisions relating to your treatment. You are entitled to refuse any form of treatment and are encouraged to communicate any concerns with your physiotherapist. Once you have given your consent you may choose to withdraw that consent at any time, for whatever reason, even if you have previously signed a consent form.

I understand that Physiotherapy involves discussion of intimate/personal information, observation of body movement and palpation/touch. In order to obtain a clear picture of your injury and its impact on function your physiotherapist may ask questions of a personal nature. It is your choice what and how much you choose to disclose. The more accurate and relevant information you provide the more likely your rehabilitation plan will be specific and effective in achieving your desired outcome. AB Physiotherapy

Services adheres to the privacy and confidentiality acts, but also understand the trust that is required for such disclosure of your personal information and endeavour to treat this material with respect. If you feel uncomfortable with a particular question or group of questions, please let the physiotherapist know and they will cease.

It is likely physical contact will be necessary during the course of examination, assessment and treatment. Physical contact requires your express consent. You may withdraw your consent at any time and any physical contact will cease immediately. Wherever possible, contact will be made over clothing, or using a towel, etc. Please let AB Physiotherapy Services know if you have any concerns or if you feel uncomfortable at any time.

For the treatment of children and minors, this form must be signed by a custodian. Presence of a parent or caregiver is requested for anyone under the age of 16 years receiving treatment.

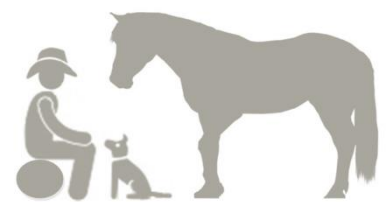
I have the right to see a physiotherapist of my choice, obtain a second opinion, refuse an intervention, provide feedback or make a complaint; please let me know. I am responsible for my own actions, if I do not feel safe or comfortable performing a movement or task requested I will tell AB Physiotherapy Services.

AB Physiotherapy Services has the right to refuse to provide a service or to discontinue care. In such an instance AB Physiotherapy Services will endeavour to refer you on to another more suitable service provider.

I _____ have read and fully understand the above informed consent and practice policy information. By signing this new client form I agree to the stated conditions and give my written consent to Physiotherapy. I agree to this consent remaining valid until such time as I withdraw my consent.

Signature: _____ Date: __/__/_____

Word of mouth referrals are a great compliment; if you are happy with your care from AB Physiotherapy Services please refer you equestrian friends and family. I may be able to help them too and I really appreciate your support.



Please return this completed form via email to: abphysiotherapyservices@gmail.com