m health
wellbeing | fitness | performance

welcome to mhealth!

initial client registration form
please use capital letters & print clearly thank you

Title: [Mr/Mrs/Miss/Ms] ☐☐☐☐ ☐ Male ☐ Female

Surname: ☐

First Name: ☐

Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐

Street Address: ☐

Suburb / Postcode: ☐

Telephone: [home] ☐☐☐☐☐☐☐☐☐☐ [work] ☐☐☐☐☐☐☐☐☐☐

Mobile: ☐☐☐☐☐☐☐☐☐☐

Email: ☐

Occupation: ☐ School: ☐

Doctor's Name: ☐

Doctor's Address: ☐

Next of Kin: ☐

Telephone: ☐☐☐☐☐☐☐☐☐☐ Email: ☐

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

1. We like to reward those who refer to mhealth. How did you find out about mhealth?

☐ Our Website ☐ Brochure/ Flyer ☐ Bayside Hub ☐ Walking past ☐ Already mhealth client ☐ mheath signage

☐ Doctor : _____ ☐ Friend Referral: _____ ☐ Local school: _____ ☐ Other: _____

2. Are you claiming through Worker's Compensation, TAC or Veteran's Affairs? ☐ No [go to Q3] ☐ Yes [complete details below]

IMPORTANT: Work Cover clients will be required to pay upfront for treatment until employer excess is met.

☐ Claim / DVA No : _____ ☐ Date of Injury: ___/___/___ ☐ Insurer: _____ ☐ Case Manager: _____

☐ Employer Name: _____ ☐ Contact Person & Phone No.: _____ ☐ Address: _____

3. Have you seen another therapist before? ☐ Yes ☐ No

4. If YES was there anything you were not happy about? _____

5. Do you wish to subscribe to mhealth email newsletters, special invitations and events? ☐ Yes ☐ No

CONDITIONS OF TREATMENT:

1. MISSED APPOINTMENT POLICY- PLEASE READ

A fee of **$50.00** will be charged if you fail to attend an appointment or give less than 24hrs notice for a cancellation. All accounts are to be settled on the day; otherwise, a **$10.00** late fee will be charged.

2. A client may be expected to remove certain articles of clothing to allow for a detailed musculoskeletal assessment.

3. LIABILITY: mhealth accepts no responsibility for the treatment received. Any professional liability is between the client and the individual clinician. [All mhealth clinicians are insured through their respective insurance companies].
mhealth adopts assurance protocols in accordance with the clinical guidelines as are specified by the Australian Physiotherapy Association.

Client's Signature: _____ Date: _____

[and / or parent / guardian if under 18 years of age]

☐ The information you provide is not passed onto any other individual business or organisation.
mhealth emails informative newsletters with special offers. If you chose NOT to receive correspondence from us please tick this box.