

Title: _____ Surname: _____

Given Names: _____ DOB: ____/____/____

Address: _____
Suburb: _____ Post code: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Would you like to receive SMS reminders for your appointments? Yes No

Email: _____

Would you like to receive email updates from COAST SPORT including news and free health information relevant to you?
Yes No

Occupation: _____ Relevant Sport: _____

Reason for consultation What are you hoping to achieve out of your consultation with us?

1) _____ 2) _____

How did you hear about us? (Please select one)

Word of Mouth _____ Referral _____

GP/ Specialist _____ Other? Please specify: _____

Website Social Media

GP Details: _____ **Practice Name:** _____

Emergency Contact Person Name: _____

Contact number: _____ Relationship: _____

<input type="checkbox"/> Private Health Fund: _____	<input type="checkbox"/> Self Insured
<input type="checkbox"/> Workcover/SIRA	
<input type="checkbox"/> 3rd Party/CTP	
Insurance Company: _____ Claim number: _____	
Date of Injury/Accident: _____ Case Manager: _____	
<input type="checkbox"/> Medicare CDM	
Referring Doctor: _____ Ref Date: _____	
<input type="checkbox"/> DVA	
<input type="checkbox"/> Gold Card <input type="checkbox"/> White Card Card number: _____	



Informed Consent

This is not a waiver form.

Allied Health treatments are generally safe and effective, however, there are benefits and risks associated with any form of treatment. Our practitioners will discuss your condition and options for treatment with you, as well as the risks and benefits of each treatment option. You may choose to consent to, or refuse any form of treatment offered to you. Even when you have given consent, you may withdraw consent at any time.

Questions of a personal nature

Your practitioner may ask personal questions relating to your injury so that they can provide informed options regarding effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let your practitioner know and they will cease.

Physical contact

During the examination, assessment and treatment it may be necessary for your practitioner to make physical contact. Your practitioner will ask your permission before making physical contact with you in any way. Physical contact requires your expressed consent. You may withdraw that consent at any time at which point, all physical contact will cease immediately. Please inform your practitioner if you feel uncomfortable at any time.

Risk related to treatment

As with all forms of treatment, there are risks and benefits. Some treatment techniques 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, skin or arteries exists. Research evidence indicates that skilled cervical (neck) manipulation is safer than taking anti-inflammatory medication. In very rare circumstances (less than 1 in 163,000 to 5.8 million), damage may occur to the vertebral arteries in the neck and the patient may suffer a stroke. There is a small risk that treatment may produce pressure on the nerves going down the arm or leg. Electro-physical agents such as ultrasound or interferential therapy have been linked to minor burns and abnormal 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 also a possibility. Your practitioner will discuss any foreseeable risks with you prior to administering treatment. In some cases, the practitioner may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time even if you have previously signed a consent form.

Children and minors

Consent from a custodial parent is required to treat a minor.

Substituted consent

Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

You need to let us know

The risk related to some treatments can increase if the practitioner is not aware of certain facts. Please inform the practitioner if you have:

- A pacemaker or heart condition
- A history of blood clots, thrombosis or stroke
- Diabetes
- Currently taking Medication

Privacy Policy

COAST SPORT is compliant with the National Privacy Act & privacy legislation (21 December 2001).

Collection of Personal Information

We may request personal details such as your name, address, telephone number or e-mail address. If you choose to withhold requested personal information, we may not be able to provide you with the customer service you require should that depend on the collection of that information, particularly if the collection of that information is required by law.

Personal Information Collected at www.coastsport.com.au

The personal information you give us on our website is protected. However, external websites that are linked to our website are not subject to COAST SPORT privacy standards, policies and procedures. Please refer to their privacy statements and/or Privacy Officers regarding the information stored, gathered and presented via that website.

Storage and Security of your Personal Information

COAST SPORT takes measures to ensure your personal information is protected from unauthorised access, loss, misuse, disclosure or alteration. Your personal information is stored in secure electronic databases. We use a number of appropriate security procedures and technology to protect this information. We also take measures to remove your personal information when it is no longer required for the purpose for which it was collected.

Use of your Personal Information

We do not use your personal information for any purpose other than for the purpose for which it was disclosed. Your personal information is also collected to promote and market the services we offer and which we consider may be of interest to you. If you do not wish us to contact you in relation to such services, please tell us.

Disclosure of your Personal Information

We may disclose your personal information to our retailers and to any service providers who provide services in connection with COAST SPORT. This information is only provided if it helps us to be of better service to you.

Access to Your Personal Information

You are entitled to access your personal information held by us at any time, pending proof of your identity.

Client & Health Professional Rights & Responsibilities:

Clients have the right to know the qualification of their treating health professional. Clients have the right to see the health professional of their choice, refuse intervention, seek a further opinion, provide feedback or make a complaint.

Privacy Policy Updates

Updates to our Privacy Policy will be posted at www.coastsport.com.au.

Contact

If you would like to discuss our Privacy Policy, please contact us at admin@coastsport.com.au.

Cancellations Policy

COAST SPORT provide premium quality Allied Health and Sports Medicine Services. In order to provide the best service possible we promise to give you our full and undivided attention and will not double book your appointment with someone else. We offer a strictly one-on-one service. In order for us to continue to offer such a high quality service we need your help. If you need to change or cancel your appointment, we request one (1) working days' notice. **All appointments cancelled on the day of the appointment and no-show appointments will incur a full cancellation fee.** This policy applies to all of our patients and makes scheduling a consultation at a time of your convenience easier.

Payment Policy

Payment is required at the time of your appointment. If you are covered by Workers Compensation, DVA or Medicare CDM, adequate documentation must be submitted to COAST SPORT prior to or at the time of your appointment in order for us to make an immediate claim for payment. Payment can be made by cash, major credit cards or EFTPOS. Credit card payments attract a 1% surcharge (2% for AMEX). Our HICAPS terminal may be used so that you can claim your health fund rebate immediately. We do not accept Diners Club or Cheque payment.

- I acknowledge that the information submitted is correct & filled out by me
- I have read, understood and agree to be bound by the terms and conditions of clinic payment and cancellations policy
- I have read & understood the statements relation to informed consent for treatment. I offer my consent to receive treatment within the practice until such time as I withdraw my consent.

Signed: _____

Date: _____

For those under the age of 18:

Parent/Guardian Signed: _____

Date: _____