Compass Rehab
GUIDING YOUR HEALTH

CLIENT REGISTRATION & CONSENT FORM

At Compass Rehab we are committed to providing our clients with the best possible care. To do this it is essential that your health records are up to date and accurate. Please assist us by completing this form.

PART A – ALL CLIENTS PLEASE COMPLETE AS MUCH AS YOU CAN			
Title	Mr / Mrs / Ms / Mstr / Miss / Other:		
Surname			
First Name			
Date of Birth			
Street Address			
Suburb		Postcode	
Mobile Phone			
Email			
Next of Kin Name, Relationship & Phone No.			
Is this a Work Injury	NO / YES (If yes, all relevant paperwork will be required)		
How did you hear about us?	Friend / Dr / Internet / Facebook / Radio / other:		
SMS appt. reminders	Please circle preference for appt. SMS reminders		Y / N
Referring Doctor	Name: Practice:		

We use a variety of treatment techniques to assist you in your recovery. Answering the questions below will assist us tailor your therapy.

- Are you currently taking any medication?
  Please specify - _____

  _____
- Have you recently been unwell?
  Please specify - _____

Cancellation Policy:

We understand that at times unforeseen circumstances may occur and you may not be able to make your appointment time. We politely request that all appointments are cancelled **at least 6 hours before** the appointment time. Any cancellations with less than 6 hours' notice or non-attendances may result in a **50% late cancellation fee** for private paying clients. Aged Care & NDIS cancellations are charged as per provider guidelines.

PART B – MEDICARE CARE PLAN CLIENTS PLEASE FILL IN BELOW:		
Medicare number:	***Ref number:**	**Expiry:**

Please turn over and sign

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Medicare Plans:

If you are under a GP Chronic Condition Management Plan (GPCCMP) from your doctor you may **not have any more than 5 Medicare rebated GPCCMP visits combined per year** to allied health practitioners (physio, dietician, podiatrist, etc). Medicare rebates through GPCCM plans do not cover the full cost of physiotherapy and occupational therapy appointments at Compass Rehab, therefore, upfront payment of the full fee is required at the time of treatment with the rebate paid by Medicare. Our staff will submit the Medicare claim to be reimbursed direct to you. If the Medicare rebate is not paid to you, our staff can check if there was an error on our end however if not an error by our practice you will need to contact Medicare directly to resolve the issue.

Your personal health and your health record will only be collected, used, and disclosed for the following reasons:

- For communicating relevant information with other treating physiotherapists, general practitioners, specialists, or other allied health professionals
- For communication with relevant School
- For follow-up reminder / recall purposes
- For National, State or Territory registers as requested by the government
- For National, State or Territory reminder systems
- Accounting, Medicare, or Health Insurance procedures
- For quality assurance activities
- For disease notification as required by law
- For use by other health professionals in this practice when consulting you
- For legal related disclosure as required by a court of law (i.e. subpoena, court order, suspected child abuse)
- For research purpose (de-identified, meaning you are not able to be identified from the information given)
- For suppliers in relation to assistive technology equipment.
- For builders in relation to home modifications.

If you have any concerns or wish to restrict access to your personal health information, please discuss these with your physiotherapist or receptionist. This practice adheres to National Privacy Policies (www.privacy.gov.au) and has a written policy, which is available to all clients for inspection.

Please Note:

- You acknowledge that our health professionals may need to contact your referring doctor or case manager regarding your condition.
- You give your consent for our practice to request relevant medical history documentation relating to the condition we are treating you for from relevant third parties such as radiology services, audiologists, GP practice or other allied health services.
- If you currently suffer from any infectious disease you are required to inform your health professional. All information is kept strictly confidential.
- If you are a Work Cover or Third Party insured patient, you acknowledge that you are responsible for any outstanding account incurred if liability is denied or placed in dispute by the insurer.
- By signing this document, you legally agree to all terms, unless otherwise indicated.

Signature:_____ **Date:**_____