



Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	
Surname: _____	Given names: _____
Date of birth: ____/____/____	Occupation: _____
Mobile phone: _____	Home phone: _____ Work phone : _____
Email address: _____	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mobile
Postal address:	
State: _____	Post code: _____
How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Website/Facebook <input type="checkbox"/> GP/Specialist <input type="checkbox"/> Personal Trainer <input type="checkbox"/> Local <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Coach <input type="checkbox"/> Other (please specify and provide details below):	
Next of kin (Emergency contact)	
Name: _____	Relationship _____
Mobile Phone: _____	Work Phone: _____
Doctor Name: _____	PH: _____
Clinic: _____	

Terms and Conditions

Your Agreement to Moore Health:

Moore Health will endeavour to keep our appointments running on time, every time. When you book an appointment with our Physiotherapists, their time is dedicated 100% to your treatment. Our clinic abides by the Australian Physiotherapy Association guidelines with an 8 hour policy for all cancellations and changes of appointments. This allows enough time for your appointment to be reallocated to another client. We often have a waiting list of clients who are after a session with one of our physiotherapists.

If you wish to change or cancel your appointment, we require at least 8 hours' notice by phone, email or text message, otherwise, full appointment fees will be charged.

We trust the fairness of this policy is evident, and that you understand that it applies to every client, every time. I acknowledge and agree to the above policy.

Moore Health's Agreement to You:

- 1. Reminder SMS or E-mail:** A courtesy SMS/E-mail reminder will be sent the day prior to your appointment.
- 2. Privacy Policy:** Please see website for further details or ask reception if you would like to see a copy.
- 3. An estimation of the fees incurred** for your treatment can be discussed upon request.

I the undersigned, hereby declare that I have read and understood the Terms and Conditions. I also certify that all the information I have provided is true and correct.

Please print your full name: _____

Date: ____/____/____

Signature of client: _____

Signature of client's parent/guardian client under 18:

Pre-Attendance Information | Accelerate your treatment here by helping us understand you before you attend

- The more we know the better we can treat you. This information provided below can **save you up to 15 minutes** in your assessment session
- The more accurate the information you can provide us before you attend the more we can understand you and your condition more efficiently.

How is your general health? Good Ok Poor

Do you have any illnesses? _____ Scans/X-rays/Tests?

Are you on any types of medications?

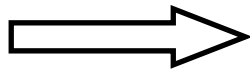
If ticked 'yes', please provide details:

Have you received any type of health care for your problem previously? (please tick all that apply)

- | | |
|--|--|
| ○ Physio <input type="checkbox"/> | ○ Prescribed Medication <input type="checkbox"/> |
| ○ Chiro <input type="checkbox"/> | ○ Specialist <input type="checkbox"/> |
| ○ Osteo <input type="checkbox"/> | ○ Surgery <input type="checkbox"/> |
| ○ Acupuncture <input type="checkbox"/> | ○ Other: <input type="checkbox"/> |
| ○ GP <input type="checkbox"/> | |

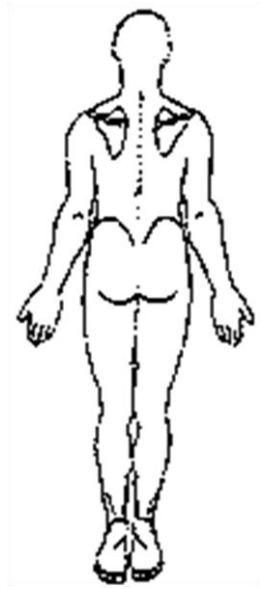
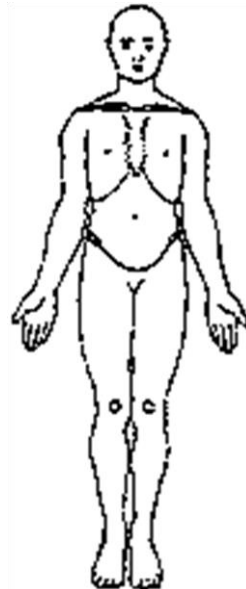
What's your **main problem** that you would be most satisfied if you 'fixed' first?

Any other problems:



Please mark where on the chart to the right, numbering highest priority (1) to lowest priority of your:

- Main problem
- Stiff areas
- Other concerns:



What's the **main area in your life** that this problem **limits you in**? *What can't you do?*

What do you consider to be a '**Good Result**' achieved from our help/service?

And if you can achieve this good result, how would it make you feel? What impact would it have on your life?

The best results come from comprehensive diagnosis. Typically improvements occur after 90-120 minutes of hands on treatment. Time can be booked in multiple single separate sessions (30 mins) *or* in longer sessions (60+) to get results quicker.

Please choose one option for each topic (1 & 2) to assist us in effectively planning your treatment:

1. I'm time-focused – I want to achieve my Good Result as quickly as possible OR
I am financially focused – Taking more time to achieve my Good Result is not a problem if it helps manage my finances better
2. I am a details person - I thrive on more information to enhance my understanding OR
I am a big picture person - I only thrive on detail when it becomes the priority topic

What else would you like to achieve before you leave your initial assessment session?
