balance
integrated health

Patient Details

MR/MAST/MRS/MS/MISS Surname ________________________ First Name __________________________________

Residential Address ____ Postcode _________________________

Postal Address (if different) ____

Telephone: Home.____________________ Work ______________________ Mobile ______________________________

Date of Birth_____________ No. of Children_____ Occupation ____

Email ____________________________________ Permission to use for our info updates Yes / No

If under 18 years of age, person responsible for account

Name________________________________ Relationship to patient ____

Address (if different) ____

Private Health Fund______________________

Concession Card No: ___________________ Who Referred You to Our Clinic? (name) ___________________________

Major problem ____

Date of Onset of this Problem ____

Has This Occurred Before? ___________ How Often? __________ When? ____

What Caused This Problem? ____

Is This Problem Getting Better, Staying The Same Or Getting Worse? ____

What Treatment Have You Received For This Problem? ____

Please note: We are a private practice and do not consult patients on behalf of third party providers i.e. Allianz (formerly SGIC), Employers Mutual, Workcover etc.

- I understand that this clinic does not consult patients who have an active or ongoing third party claim as a result of a work related or motor vehicle accident injury
- I acknowledge that I do not have an active or current claim with a third party insurer for injuries received as a result of a workplace or motor vehicle accident.
- I understand that I cannot submit any accounts or receipts to a third party insurer (in relation to a work place or motor vehicle accident injury) for treatment received at this clinic, I also understand that submission of such accounts in relation to treatment received at this clinic contravenes section 127A of the motor vehicle act 1959.

Patient's Full Name ____

Patient's or Guardian signature _______________________________date ________________

If you require assistance in filling out this form, please contact our reception staff