

Welcome and thank you for choosing Back In Motion Health Group

Feel free to ask at reception if you have any questions about this form. Your therapist will be with you shortly.

Contact details		
Title	Date of birth	/ /
First name	Preferred name	
Surname		
Postal address		
Suburb	State	Postcode
Mobile number	Phone number	
Email		
Occupation		

Emergency contact
Full name
Relationship to you
Mobile number
Home number
Your doctor's details
Doctor's name
Medical centre
Did your doctor refer you to a physiotherapist?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach the referral document or reports to this form.

Payment details
Do you have private health cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of health insurer
<p>Please note: Should you choose to proceed with treatment, it is expected that all fees are paid at the time of consultation, otherwise an administration fee will apply. For those who may find this difficult, please notify us immediately to consider alternative arrangements. Please understand that ultimately you are responsible for the payment of all your accounts in the event that either your private insurance or compensable body (DVA, Workcover, Motor Vehicle Accident, etc.) decline your claim.</p>

How did you find us?
Please give details below:
Family / Friend
Doctor / Medical Clinic
Sports Club
Signage / Driving Past
Yellow Pages
Google / Online Search
Our Website
Social Media
Another Practice
Promotion Flyer
Media (online, magazine, newspaper, TV or radio)
Other (please specify)

What are the three goals you wish to achieve with Back In Motion?
Whether it's getting your knee right in time for footy finals, fixing your shoulder so you can get back to work, or simply improving your quality of life, Back In Motion wants to help you achieve your goals.
1.
2.
3.

Ask us about your Free Initial Assessment

Your current condition

What brings you here today?

Do you suffer from, or have you suffered from any of the following? Please give details below:

	Yes	No
Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalisation / surgery	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Regular headache / migraine	<input type="checkbox"/>	<input type="checkbox"/>
Neurological events (stroke, TIA, tumour)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
High / low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Implanted metal / plates & screws	<input type="checkbox"/>	<input type="checkbox"/>

Are you allergic to any creams or tape? Yes No

Are you taking any medication right now? Please list:

Are you, or could you be pregnant?

Yes No Due date / /

Your physical health

What exercise, sport or training do you do?

How do you rate your weight?

Underweight Normal Overweight

Your work habits

What industry or work are you involved in?

Sedentary Manual labour Other

Are you currently off work due to pain or disability?

How much lifting do you do in a day?

Nil Some A lot

What activities at work generally cause you pain?

Your previous experiences

Have you had any of these treatments before?

Yes No

How would you rate your experience?

	Poor	Average	Excellent	N/A
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer

The Results4Life® Roadmap and other advice we recommend to you is based on our assessment at the time and the information you have provided about yourself when filling out this form. Therefore, please let us know of any changes in your medical condition as soon as you become aware of them. As your health partner, we encourage you to follow the instructions of your therapist and our staff whilst under our care.

Declaration

I declare that I have filled out this form truthfully, comprehensively and to the best of my ability.

Date / / Signed _____

Terms and Conditions



**BACK IN
MOTION®**
HEALTH GROUP

**PHYSIOTHERAPY
MASSAGE
PILATES**

Our commitment to you

Our commitment to you is based on more than just excellent clinical care and customer service, which should be expected. Back In Motion values your human rights. Our clients receive respectful care and are not discriminated against on the basis of age, gender, ethnicity, beliefs, sexual preference or health status.

You have the right to see the physiotherapist of your choice, obtain a second opinion and refuse a treatment. Please see our administration staff if you would like to provide feedback or make a complaint.

Your commitment to us

In order to achieve outstanding treatment results we require an equal commitment from you. Take the time to read our Terms and Conditions, as clarity, communication and understanding will ensure that we're always on the same page and achieving the best possible outcome.

Our professional recommendations are based on the information provided by you, an objective and expert physiotherapy examination, and the specific goals determined by you and your physiotherapist.

It is important to understand our Terms and Conditions and for you to acknowledge that ultimately it is your responsibility to follow our advice and avoid situations that may aggravate your condition. We acknowledge an infinite number of variables can impact on the outcomes of any treatment program.

We are confident that if you follow our recommendation and further opinions subsequent to reviews that may occur during the term of your treatment, that we can help you achieve outstanding results.

1. The Back In Motion Guarantee

Our guarantee is simple:

If you're not 100% thrilled with your experience, we'll refund your money on your last session and deliver your next session free.

To receive the Back In Motion Guarantee the following applies:

- 1.1 A claim must be lodged before your next service/consultation or up to a maximum of seven days after the service has been delivered.
- 1.2 Any refund must be made in the same manner with which you paid for the service and only at the practice at which the service was originally provided.
- 1.3 Free services offered under the guarantee cannot be redeemed for cash or products and are not transferable or saleable.
- 1.4 Free services can only be redeemed at the practice at which the guarantee was provided.
- 1.5 This free service must be of the same value as the original service provided to you and must be provided within seven days of the original service unless otherwise negotiated and agreed between all parties.

2. Cancellations

- 2.1 It is expected that if you cannot keep an appointment with us, that notice is given as soon as possible by calling the practice and leaving a message if after hours.
- 2.2 If less than six (6) hours notice is given, the full consultation fee will apply. We will aim to schedule another appointment within 48 hours to provide continuation of treatment.
- 2.3 In the event a late cancellation is received and the client does not accept our offer of an alternative appointment, payment in full is expected within 48 hours, otherwise an administration fee may apply.
- 2.4 No cancellations can be made on our National 24-Hour Injury Advice Line and/or info@backinmotion.com.au as the physiotherapist has no means by which to record or change appointments after hours.
- 2.5 This relates to all clients irrespective of their method of funding (Workers' Compensation, Transport Accidents, etc). In the case

of compensable clients who have been permitted to bulk bill their consultation fees, cancellations must be paid separately by themselves and cannot be bulk billed.

3. Late and missed appointments

- 3.1 If you arrive late to an appointment but within your appointed time slot, you may receive a shorter consultation in an effort not to inconvenience other clients waiting.
- 3.2 If you either arrive after or entirely miss an appointment, you will be charged the consultation fee in full.
- 3.3 If you call the practice to arrange an alternative time to occur within 48 hours of your missed appointment you will be eligible for an appointment at no charge, but at a time of our convenience.
- 3.4 Irrespective of an alternative appointment being offered, if payment is not received in full within 48 hours, an administration fee will apply.

Late or missed appointments exclude others from receiving treatment and inconvenience both the physiotherapist and other clients waiting.

4. Consent to treatment

You hereby request and give consent to our therapists to perform all necessary examinations, manipulations, therapy, rehabilitation and medical diagnostic procedures in accordance with their professional training and understanding of your injury. You understand that during your treatment, care may be rendered by different therapists at the Back In Motion Health Group.

You understand that you have an opportunity to discuss the nature and purpose of your physiotherapy care with your therapist before any treatment is rendered.

You acknowledge and accept the following:

- 4.1 The physical nature of physiotherapy and related treatments.
- 4.2 You have the right to see the physiotherapist of your choice, refuse intervention or seek a further opinion and to provide feedback and make a complaint.
- 4.3 The adverse risks associated with treatment including stiffness and soreness, soft tissue injury, neurological complications, cerebrovascular injuries, skin irritations, burns and other minor complications.
- 4.4 The probability of risk is lowered by screening procedures.
- 4.5 Other treatment options exist if the risk of physiotherapy is considered to be high, including medication, medical care, hospitalisation and surgery.
- 4.6 The risk of remaining untreated includes the formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.
- 4.7 Most clients receive our services without the need of a medical or other referral. However, if a referral from another practitioner has been given, it is highly recommended that such a referral is provided to the treating physiotherapist to assist in the continuity of care and delivery of the most appropriate treatment for the client.

5. Consent to obtain and release information

- 5.1 To expedite the management of your injury or injury claim, you accept it may be necessary to communicate the details of your medical condition with treating practitioners, rehabilitation consultants, case managers and employers.
- 5.2 By signing these Terms and Conditions you give permission for representatives of the Back In Motion Health Group to exchange such information regarding injuries sustained and any significant past medical history, with people deemed necessary.

6. Accounts and billing

- 6.1 Please refer to our most recent schedule of fees for an outline of the services we offer and their associated prices.
- 6.2 It is expected that all fees are paid in full at the time of consultation.
- 6.3 We accept cash, EFTPOS, credit cards and offer electronic health rebates (via HICAPS) for your convenience. However, in the event of electronic network failure, full payment is still required on the day of consultation.
- 6.4 An administration fee will apply for every occasion a consultation fee is not paid on the day.
- 6.5 In the event of approval of a monthly account, we will issue an itemised statement, at the end of each month. Payment terms are strictly 7 days net. Failure to render full payment within these terms will incur penalty fees as clearly stated on each account.
- 6.6 Payment of accounts can be done via the telephone or in person at the practice from which you received the service.
- 6.7 Health insurance rebates (electronic or otherwise) can only be claimed after the service has been received. In the instance of purchasing treatment packages, rebates will only be available once the treatment service has been completed.
- 6.8 There is no refund available on the purchase of any personal or healthcare items if you change your mind. If the item has a major problem we can either refund or exchange the item for you. If the problem is not major, we will repair it for you within a reasonable time frame. Please keep your proof of purchase.
- 6.9 Those who feel they cannot comply with our strict billing methods or wish to be given special consideration, please feel welcome to put your request in writing and address it to the Practice Director.
- 6.10 Please understand that our strict billing methods allow equality of service to all clients and serve to raise the already high standard of care we can offer you.
- 6.11 Our intention is not to exclude anyone from being able to access our physiotherapy services. We have never denied anyone the benefits of physiotherapy care because of their inability to pay our published fees. If financial hardship requires individual consideration, please put your request in writing to the Practice Director.

7. Privacy Policy summary statement

- 7.1 This practice is committed to protecting your privacy and this information is generally only disclosed to other members of your medical team where necessary.
- 7.2 The personal and health information you provide during your consultation and subsequent treatment will be collected for the primary purpose of providing high quality health care.
- 7.3 Where required by law or if necessary for debt collection reasons, your personal information will be disclosed.

- 7.4 Back In Motion Health Group uses SMS and/or email communication to keep you up to date with the status of your appointment.
- 7.5 From time to time we may send you information regarding happenings at Back In Motion via a number of possible ways including: post, email, telephone call or SMS. Reasons we may contact you include:
 - To administer accounts and process payments
 - To communicate with you regarding any issues affecting your treatment
 - Provide information on services and benefits available to clients
 - To notify clients of promotions and events
 - For research purposes, case conferences, in study groups and at seminars (please note in these instances, all personal information will be de-identified)
 - Appointment reminders
 - Appointment follow-ups
 - Marketing and promotional material about new products, services or special offers
 - Periodic newsletters
 - Practice updates
 - To provide you with information about the current and future benefits of being a Back In Motion client
 - Market research or surveys to improve our products and services
- 7.6 Should you wish not to receive such communications or our convenient SMS appointment reminders please advise the administration staff at your Back In Motion practice or alternatively follow the 'unsubscribe' instructions provided in the communication.
- 7.7 You may gain access to information held about you by this practice by putting your request in writing. Please attention all such correspondence to the Practice Director. Please note a fee may apply.
- 7.8 Your acceptance of these Terms and Conditions is considered consent to receive such communications as outlined above however you may opt out at any time.

The above is a Summary Statement only and we strongly encourage you to take the time to read the Back In Motion Privacy Policy in full prior to signing these Terms and Conditions. You can also access a copy of the complete Privacy Policy from the Back In Motion website.

8. Exclusion of liability

- 8.1 The Back In Motion Practice Director and employees of this practice shall not be liable for, nor accept any responsibility for any injury, loss or damage sustained by any person or persons arising from the treatments or procedures delivered in this practice or in any way whatsoever which does not arise from any negligent act or omission of the Practice Director and employees.

Disclaimer

I have read, agree and accept to abide by the Terms and Conditions of the Back In Motion Health Group.

Date / / Print Name

Signed

You can also find our Terms and Conditions and Privacy Policy online for your convenience backinmotion.com.au/terms-and-conditions

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