

**Informed Consent Form**

**Title: MR/MRS/MISS/MS**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code: \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to send letter to Doctor: **YES/NO**

Doctors Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral: Friend/Doctor/Website/Signage/Online/Social Media**

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We like to thank those who recommend us. If a friend/doctor or other has referred you, we would love you to tell us who we can thank!

**Name of referring friend/doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for today’s visit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***In Motion Physiotherapy provides **FREE** health information, injury advice and sport science tips on our Instagram, Facebook page, and website www.inmotionphysio.com.au. Please jump online and follow us to start receiving the benefits yourself.

Please turn over to next page.

In Motion Physio is required by law to fulfill certain legal and professional requirements in order to provide your care.

By signing this form you agree:

- For in Motion Physio to keep a client file for you containing clinical notes medical reports and personal information.

- For your treating therapist to exchange information with your doctor and other medical specialists (as necessary).

- Your therapist will inform you of any possible risks such as muscle soreness, bruising, swelling associated with any treatment provided to you.

- You have the right to decline treatment at any time or to seek a second opinion.

- The information you provide on the medical history form (attached) is accurate to the best of your knowledge. All personal information will be treated as confidential. Our physiotherapist may ask you questions relating to your injury that relates to daily activities of living, it is your choice how you answer these.

- During the examination assessment and treatment, it may be necessary for your physiotherapist to make physical contact – please ask if you are uncomfortable in any way, your physiotherapist will ask for your permission on such contact.



Please scan & follow for physio & injury info updates

**Cancellation Policy**

Please Note: being a time orientated practice our windows of boking clients in is generally tight. Whilst we understand that life, family, plans can change. We ask that you can give us 24, ideally 48 hours’ notice if a cancelation is unavoidable. A cancellation fee of $50 will be upheld if recurrent cancellations after a first occasion. With Pilates programs often being up to 1 hour this means the loss of the session if inside 48 hours zone. Please note we will send an SMS notification 2 days in advance of your scheduled appointment.

Many thanks for your understanding.

**Media Policy**

In some situations It can be very helpful to take photos or videos to track progress or provide feedback.

All personal and medical information will be treated as confidential and will not be released to any external party without your written permission.

Please advise **YES / NO** to our media policy.

**Booking to a “Treatment Plan”**

Please note research indicates that committing to your recommended treatment plan and sticking to it has 98% success rate, compared to dropping off your plan. Your clinician will recommend evidence -based Treatment/Rehab Plan that we will ask you to book in at reception after your 2nd consult. Please understand this is our recommended ideal path to a successful outcome and would like where possible to work with you to achieve your best outcome.

So please try book in advance. Our Best-Fit plans usually are 1-4 weeks; 1 or 2 sessions to enable you to gain success.

I have read this form; understand the information it contains and give consent for the above criteria. For children under the age of 16 this is to be signed by the child’s parent or legal guardian.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Name (If Appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_