

Olga Alkin BHSc Physio

Rosie Gospel B ApSc OccThy

Erin Harders BOcc, Thy



Noosa Clinic: Suite 108, 90 Goodchap Street

Gympie Clinic: 3 Queen Street

Patient Consent for Treatment

First Name/s		Last Name	
Date of Birth		M / F	
Address			
Home Phone		Mobile	
E-mail			
Referrer (If different GP)			
GP		Clinic	
Specialist		Clinic	
Medicare Number		Reference Number	
Place of Work		Position	
Date of Injury		Claim Number	
Case Manager Name		Contact Number	
Private Health Insurer		Reference Number	
General Health (Tick What Applies)			
Blood Pressure Issues	Heart Condition	Diabetes	Vision Impairment
Breathing Problems	Speech Problems	Hearing Problems	Memory Problems
Other:			

I, _____ consent to an assessment and treatment provided by the staff of Hands Are Our Life. I expect an explanation of the treatment provided and have a right to decline any treatment I disagree with. I will pay any costs associated with the treatment that the therapist discussed with me during the treatment session (unless they are covered by an insurer).

Signature _____

Date _____