Olga Alkin *BHSc Physio*

Phoebe Senior *BOccyThy (Hons)*

Nicarlia Finch *BA Physiotherapy*

Patient Consent for Treatment

First Name/s		Last Name	
Date of Birth		M / F	
Address			
Home Phone		Mobile	
E-mail			
Referrer (If different from 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	
Blood Pressure Issues	Heart Condition	Diabetes	Vision Impairment
Breathing Problems	Speech Problems	Hearing Problems	Memory Problems
Other:			

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

Signature _____ Date _____