

Office Use Only:  
 ENTERED:

# Client Consent and ACC Information Form

SECTION 1 - PERSONAL INFORMATION	
TITLE:	PHONE:
FIRST NAME:	WORK PHONE:
PREFERRED NAME:	MOBILE:
LAST NAME:	EMAIL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME ADDRESS STREET:
DATE OF BIRTH:	
ETHNIC GROUP:	
NAME OF GP:	
MEDICAL PRACTICE:	SUBURB:
OCCUPATION:	CITY:
	POST CODE:

ANY SPECIFIC CULTURAL OR PHYSICAL NEEDS YOU MAY HAVE:

## SECTION 2 - GENERAL HEALTH QUESTIONNAIRE:

<input type="checkbox"/> Pregnant	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Hearing/sight impaired	<input type="checkbox"/> Asthma/Respiratory
<input type="checkbox"/> HIV/Hep C	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Osteoporosis/bone weakness	<input type="checkbox"/> Skin condition
<input type="checkbox"/> Surgery within last 5 years .....	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other (Specify) .....	<input type="checkbox"/> Allergy (Specify) .....
	<input type="checkbox"/> Smoker		

MEDICATIONS – PLEASE LIST:

## SECTION 3 – CONSENTS

I hereby agree to consent to treatment by a qualified Physiotherapist for the purpose for providing physiotherapy services as may be necessary in support of my illness, injury or condition. I understand I have the right to decline part or all of the treatment being offered. I understand my right to a second opinion. I understand I may have a chaperone/support person present if I want. I consent for my condition to be discussed with my GP or specialist as required.

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_  
*(If under 16 must be signed by parent/guardian)*

## Patient Specific Functional Score:

To help us monitor your improvement we need to see how bad your pain is affecting your daily life right now.

Please list three activities you have having difficulty with (eg getting dressed, lying down). Then give each activity a score out of ten for the level of difficulty you're having doing it.

Activity	Score
1	
2	
3	

### Scoring scale:

0    1    2    3    4    5    6    7    8    9    10

Able to perform activity as before.

Unable to perform activity