



Remedial Therapy - Jeanine Mewburn Patient Information Sheet



Title: _____ Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Phone (h): _____ Phone (w): _____

Mobile: _____

Date of Birth: _____ Gender: MALE/FEMALE

If under 18 years of age, parents / guardian names: _____

General Practitioner: _____ Suburb: _____

Do you use the Internet? YES/NO Email address: _____

Do you do any regular exercise? YES/NO If so, what type? _____

Do you have private health insurance that covers massage therapy? YES/NO

What is your current occupation? _____

How did you hear about JEANINE MEWBURN REMEDIAL THERAPY? _____

How would you like to be reminded of your appointments? Phone (Hm/Mob/Wk) Email None

What is your reason for your visit today? _____

Do you suffer any of the following medical conditions? YES/NO

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Low back / Neck / Shoulder pain | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Anxiety / Depression | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Other _____ | |

Stress - please rate on a scale of 1-10 1 _____ 5 _____ 10

Pain - please rate on a scale of 1-10 1 _____ 5 _____ 10

Have you suffered from an injury recently? YES/NO

If YES please specify: _____

How long ago? _____

Have you had surgery recently? YES/NO

If YES please specify: _____

How long ago? _____

Are you currently taking any medication/s? YES/NO

If YES please specify: _____

Are you allergic to any substances or medications? YES/NO

If YES please specify: _____

It is the policy of JEANINE MEWBURN REMEDIAL THERAPY that payment of consultation fees is required at the time of consultation.

Please note, 24 hours notice is required for cancellations or rescheduling of appointments or the full consultation fee will apply.

Please read our privacy statement below prior to signing this document.

Signature

Date

WELCOME! YOUR PRIVACY IS IMPORTANT TO US...

This practice takes great care to ensure that our information records are accurate and treated with full regard to the privacy of our patients. We are pleased to discuss our procedures with you, and to amend any inaccuracies in your records.

We only collect information from our patients that are necessary for good health care, and aim to ensure that any information we hold is accurate, complete and up-to-date.

The health information we hold helps us provide our patients with the best possible health care, and is normally disclosed only to others – such as your doctor – involved in your treatment. If we need to disclose information about you to people other than those associated with your treatment, we will seek your permission first.

Occasionally we may be involved in research on health issues. If any data from this practice is used in research, it will not include information that identifies our patients, unless special circumstances apply.

Health information from this practice is also sometimes used for quality assurance or clinical audit activities, which help improve the treatment and service we provide. Data used for these purposes is normally de-identified to protect the privacy of our patients.

This practice has systems in place to protect the security of our health records. Nobody other than our staff has access to these records, they are kept in a secure location, and no unauthorized person has access to them.

Records of patients who no longer attend this practice are destroyed or permanently de-identified when no longer needed.

In line with normal business procedures, this practice maintains contact lists and mailing lists of people (other than patients) with whom we do business or wish to contact from time to time.

This practice is bound by the Privacy Amendment (Private Sector) Act 2000, and operated in accordance with the Code of Conduct of the Australian Traditional Medicine Society. If you would like to discuss any aspects of our privacy policy, or review your health records, please advise Jeanine.