

Kelcie Mitchell BSc PHTY (HONs),PgDip VetPHTY APAM, ACPAT, ANZAVPA ABN: 98 168 802 262 Ph: 0424 443 577 collequted_physiotherapy@outlook.com



PREVIOUS TREATMENT	
Have you ever seen a physiotherapist before? Y/N	
If yes, was there anything you were not happy about?	
List three things you are wanting from physiotherapy:	
1.	
3.	

EMERGENCY CONTACT DETAILS:

Name:

Relationship to patient:

Best contact number

INFORMED CONSENT

I consent to the assessment and treatment recommended and performed by Collequted Physiotherapy in accordance with the governing body's professional guidelines. This may include manual therapy techniques, soft tissue massage, dry needling, electrotherapy modalities, strapping techniques and exercise prescription. I understand that before treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at that time. By signing this form, I am in agreement with these terms and conditions.

Patient Signature:	Date:	/	/
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Parent signature (if under 18):.....

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