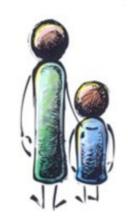


## Robyn Tacon Physiotherapists Inc



One step at a time

HPCSA PT 0098426 Pr no: 0760625 Co Reg: 2017/443890/21

Hope Studio - 107 Pritchard Street, JHB North, Olivedale. 011 462 7490

<u>physiotherapy@hope-studio.co.za;</u> www.hope-studio.co.za

Redhill Pre-preparatory school Morningside; 811 Augrabies Avenue Little Falls

Special interest in Paediatrics and Neurology

## **Patient Details**

Please write in print so that capturing errors are avoided.

Child's name:	Date of Birth:
Home Address:	
Father - Full Name:	
Telephone (home):	(cell):
Email:	
Home Address:	
Mother - Full Name:	
Telephone (home):	(cell):
Email:	
Home Address:	
School Name & Grade:	
Address & Telephone:	
Teacher's Name & Contact Details:	
Referring Health Professional:	
Telephone & Email:	

Initial:	

Other Involved Health Professional:
Telephone & Email:
Other Involved Health Professional:
Telephone & Email:
Medical Aid Scheme:
Medical Aid Number (& dependant number):
Medical Aid Email (should you wish us to forward accounts): the practice is not contracted to any
medical aid
Person Responsible for the Account:
ID Number of Above:
Address and Contact Details of Above:
Signature of Above:

## Documents Completed and/or Received and/or Submitted (please initial): Please note some documents may not be relevant and thus have not been sent to you.

Conditions of Assessment 2021	Yes	_ No
Financial Matters Information & Consent	Yes	
HeroMed Ts & Cs	Yes	_ No
Development Questionnaire	Yes	No
Coordination Questionnaire	Yes	_ No
Aquatherapy Informed Consent	Yes	_ No
Kinesiology Taping Informed Consent	Yes	_ No
Respiratory Treatment Informed Consent	Yes	No
POPI Act Info & Consent	Yes	_ No
COVID-19 Policy	Yes	No
Copy of ID of Person Responsible for Account	Yes	_ No
Copy of Medical Aid Card	Yes	_ No
Previous Medical Reports/Investigations (please list):	Yes	No



Initial: \_\_\_\_\_