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
physiotherapy@hope-studio.co.za; 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: _____

Postal 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: _____

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 _____	No _____
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 _____