KINGS LANGLEY PHYSIOTHERAPY

Melissa Watson
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Physiotherapist

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Patient Information

Surname: ____________________ **First Name:** ____________________

Address: ____

Suburb: ____________________ **Post Code:** ____________________

Phone (H): ____________________ **Mobile:** ____________________

Email: ____

Date of Birth: ____________________ **Area to be Treated:** ____________________

Referring Doctor: ____________________ **Health Fund:** ____________________

Please Tick all that apply

- ☐ **Private**
- ☐ **Workers Comp**
- ☐ **Third Party**
- ☐ **Pensioner**
- ☐ **Veteran Affairs**
- ☐ **NDIS**

Workers Compensation, Third Party and Insurance Claims Only

Please note: In order to process your claim you must complete and submit a claim to your employer or insurance company. The following details must be provided for this practice to process your claim:

Date of Injury: **Claim Number:**

Occupation: **Employer:**

Insurance Company: **Case Manager:**

Have you submitted a claim for this injury/recurrence?

I____________________ *hereby authorise Kings Langley Physiotherapy and consent to the release of medical information regarding the status and management of my condition to my doctor, specialist and/or insurance company.*

A fee of $25 applies to appointments cancelled without 24hours notice. I accept the responsibility for the payment of my Physiotherapy fees.

Signed ____________________ Date ____________________