SPORTSFIT
physio & health

PATIENT REGISTRATION FORM

<table>
<tr><th colspan="6">PATIENT INFORMATION</th></tr>
<tr><td colspan="2">First Name:</td><td colspan="3">Surname:</td><td>☐ Mr ☐ Miss
☐ Ms ☐ Mrs
☐ Dr ☐ Other:</td></tr>
<tr><td colspan="3">Address:</td><td colspan="2">Suburb:</td><td>Post Code:</td></tr>
<tr><td>DOB:</td><td colspan="2">Contact Numbers:
Home:
Mobile:
Work:</td><td colspan="3">Occupation:</td></tr>
<tr><td colspan="6">Email:
@</td></tr>
<tr><td colspan="2">Private Health Insurance:
☐ Yes ☐ No</td><td colspan="4">If Yes, Name of fund:</td></tr>
<tr><td colspan="2">Name of GP:
Dr</td><td colspan="2">Contact No (if known):</td><td colspan="2">Consent to liase with your treating health professionals? ☐Yes ☐No</td></tr>
<tr><td colspan="6">Address of GP (if known):</td></tr>
<tr><th colspan="6">EMERGENCY CONTACT</th></tr>
<tr><td colspan="3">First Name:</td><td colspan="3">Surname:</td></tr>
<tr><td colspan="4">Contact No:</td><td colspan="2">Relationship:</td></tr>
<tr><th colspan="6">REFERRING DETAILS</th></tr>
<tr><td colspan="6">How did you hear about SportsFit?
☐ Referred ☐ Online/Website ☐ Passing by ☐ Brochure ☐ Sporting Club
☐ Other:</td></tr>
<tr><td colspan="4">Name of Referrer (Person/Sporting Club):</td><td colspan="2">Contact No (if known):</td></tr>
</table>

I give consent to receive email information with news direct from SportsFit (Newsletter, medical advice, updates on new classes etc): ☐ Yes ☐ No

I give consent for my practitioner to contact me via email (this may include exercise prescription, follow-up advice): ☐ Yes ☐ No

Please note: We require greater than 24 hours notice of cancellation or a fee may be incurred.

I declare the above information is true and to the best of my knowledge.

Signed: ______________________________

Patient / Guardian

Date: