Date: _____ /_____/_____

spinesmart®
mckenzie method physical therapy

□ Ms □ Miss □ Mrs □ Mr □ Dr

Name:_____ Family name:_____

Occupation:_____ DOB: _____

The majority of your work day is spent: □ Sitting □ Standing □ Lifting □ Bending □ Combination Other:_____

Address: _____ Suburb:_____Post code: _____

Mobile: _____Home: (03)_____ Work: (03)_____

Email:_____

Name of contact person in emergencies:_____ Contact number:_____

Do you have private health insurance? □ Yes □ No Name of Fund: _____

How did you hear about us: □ Internet □ Passing □ Friend □ Doctor □ Other Health Professional □ Brochure

Name of person who referred you: _____

Please provide your GP's details: _____

Other health professionals you are currently seeing:

_____

About your problem

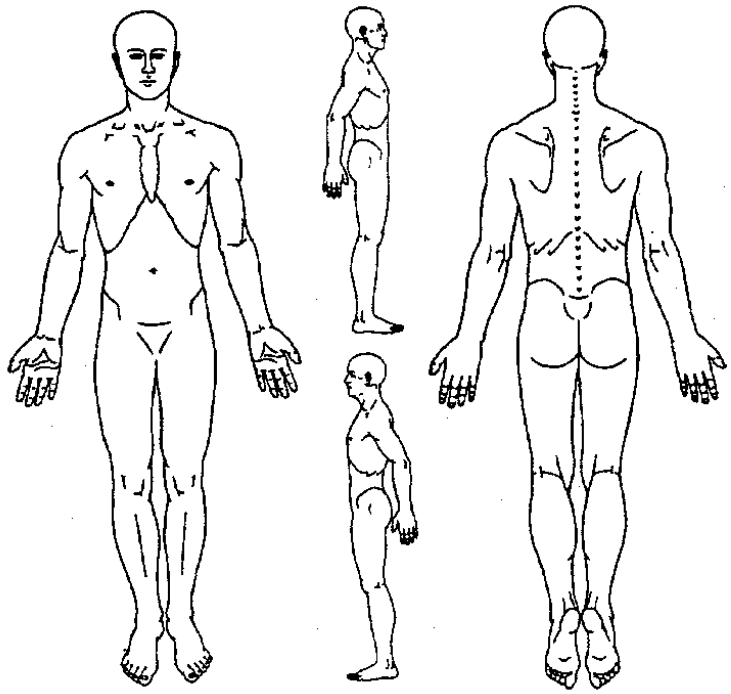
Reason for your appointment: □ Low Back Pain □ Sciatica □ Neck Pain □ Headache

Other: _____

What would you like from treatment? □ Pain Relief □ Improve Mobility □ Learn how to help prevent pain returning

Other: _____

PLEASE USE THE DIAGRAM TO SHADE IN THE AREAS
WHERE YOU FEEL PAIN OR OTHER SYMPTOMS



Additional Information

General health

Please tick the box if it applies to you:

□ Cancer or tumours □ Cardiac pacemaker □ Diabetes □ Heart disease □ Osteoporosis □ High cholesterol

□ Lung disease or asthma □ Metal implants □ Neurological condition / stroke □ Osteoarthritis □ Unusual fatigue

□ Rheumatoid arthritis □ Spinal fractures □ Seizures or epilepsy □ Spinal surgery □ Recent fever □ Smoker

□ High blood pressure □ IV drug use Other? _____

Do you have a family history of any particular disease, including those listed above? _____

Name of ANY medications you take regularly: _____

Please list any surgery you have had in the past 5 years: _____

Your information & treatment records

Spine Smart uses a patient record system called Cliniko to maintain your treatment notes. This system utilises encrypted cloud technology to back-up your records. If you would like more information don't hesitate to ask us.

Are you happy for Spine Smart to keep your records on Cliniko? □ Yes □ No

Cancellation policy

We understand that patients may need to reschedule or cancel appointments from time to time.
We do however ask that you respect our time and provide us with at least 24hrs notice of cancellation or rescheduling of an appointment. If less than 24hrs notice is provided, a $50 cancellation fee will be charged.

I have read and accept Spine Smart's cancellation policy? □ Yes □No

Name: _____

Signature: _____

Spine Smart's commitment to you

Spine Smart is committed to providing you with:

1) A comprehensive assessment to identify the reason why you're experiencing symptoms.
2) A clear understanding of your complaint and what's causing it.
3) The most appropriate & effective treatment for your particular problem.
4) A plan to help prevent symptoms returning.

If you have any questions regarding your assessment or treatment plan, please don't hesitate to ask.