



PARAGON
physiotherapy

ABN: 27 637 244 734

Physiotherapy Informed Consent Form

Name:

Medical Conditions (Please tick as appropriate): Do You Have Or Ever Had...					
	Yes	No		Yes	No
Joint Surgery (replacements, reconstructions, tendon repairs or arthroscopy)			Heart Conditions (e.g. angina arrhythmias, murmurs, surgery or heart attack)		
Spinal Injuries or Surgery			Stroke		
Diabetes			Cancer		
Bowel/Bladder Abnormalities			Osteoporosis		
Kidney Problems			Epilepsy/Seizures		
Are you, or do you have reason to believe, you may be pregnant			Bleeding Disorders		
High Blood Pressure			Dizziness or Blackouts		
Osteoarthritis or Rheumatoid Arthritis			Metal Implants		
Other					
Do you have or have you experienced any medical condition which you believe may impact on your ability to safely participate in an assessment program involving repetitive movement, manual handling and/or vigorous exercise?					
If 'yes' please provide details:					
Do you have or have ever had conditions affecting your; bones, muscles or joints which impacted on your ability to carry out normal activities, required time off work, required treatment, awaiting surgery or is ongoing or recurrent in nature?					
If 'yes' please provide details:					
Please list any medication you are currently taking (including non-prescription medication):					



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Please read the following carefully:

- If you have any medical conditions/health concerns you believe will affect the success of your treatment, inform the physiotherapist as soon as possible.
- I have completed the questionnaire correctly and honestly to the best of my knowledge.
- I understand that I will be given the opportunity to discuss any concerns I may have during the program and prior to commencing the sessions.
- I clearly understand that any possible risks will be highlighted and that I am responsible for making the health professional aware of any reason (health or previous injury) that may place me at risk.
- I voluntarily agree to participate in the program and understand that my participation may be terminated at any point for health or injury reasons.
- **I am aware that I am required to give my Physiotherapist at least 12 HOURS notice if I am unable to attend an appointment (exceptional circumstances will be considered)**
- **I understand I will be charged a cancellation fee at the set Workcover rates, if I fail to attend a scheduled physiotherapy appointment at the pre-arranged location or cancel a physiotherapy appointment within 12 hours of the scheduled time.**
- **Please complete the following if this relates to a Workers Compensation claim:**
Employer (*who pays your wages*): _____
- In the event my workers compensation claim is denied by the insurance company, I accept responsibility for the physiotherapy charge

For a Video Consult consultation:

- I am aware that my consultation will be via a video streaming source, rather than a face to face session
- There may be times where my consult could be shortened due to connectivity or technical issues
- The platform Zoom meets the highest level of encryption required for your confidentiality.
- At times video may be recorded or screenshots taken. This information will then be stored securely and used only to benefit my healthcare and rehabilitation.

I consent to an authorised Paragon Physiotherapy Treating Physiotherapist; my employer, other treating practitioners, legal representatives and rehabilitation providers to exchange information for the purposes of managing my injury as detailed above and with any insurer involved in any subsequent claim.

Signature: _____

Date: _____



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Choice of Treatment and Workplace Rehabilitation Provider

This notice informs you about your rights if you are considering using more than one of our Company's treatment or workplace rehabilitation services.

Healthex Pty Ltd is the parent Company of:

- Paragon Physiotherapy
- Guardian Exercise Rehabilitation
- Custodian Work Assist

Each of the above business activities is owned by Healthex Pty Ltd.

You have the right to choose treatment and workplace rehabilitation providers for the purpose of your workers' compensation claim.

If you are receiving treatment by one of our physiotherapists or exercise physiologists and are referred for workplace rehabilitation, you have the right to choose any approved workplace rehabilitation provider. A list of providers is at:

<https://www.workcover.wa.gov.au/health-providers/workplace-rehabilitation-providers/>

Also, if you are undergoing workplace rehabilitation activities with the assistance of our company and referred by a medical practitioner for physiotherapy or exercise rehabilitation, you have the right to choose your treatment provider.

I understand Healthex Pty Ltd provides both treatment and workplace rehabilitation services and acknowledge that I always have the right to choose my treatment and workplace rehabilitation provider.

Signed: _____

Date: _____