

Title: _____ **First Name:** _____ **Address:** _____
Last Name: _____
Gender: M / F **DOB:** _____ **Post Code:** _____

Nationality: _____ **Home Phone:** _____
Email: _____ **Cell Phone:** _____
Text reminders for your appointments: YES NO
Occupation: _____ **Employer Address:** _____
Employer: _____
Work Phone: _____ **Work Intensity (circle one):**
 Are you the business owner? YES NO Sedentary Light Medium Heavy Very Heavy

Name of GP: _____ **List any health concerns:** (e.g. Heart condition, asthma, pregnant, HIV/Hep C, allergies/reactions)
Name of Insurer: _____

What made you choose us? Previous patient Word of mouth Advertising GP/Specialist
 Tegel Location NPOB or NPBS Taranaki Cricket Southern Cross

Place of Injury (e.g. home, work, school)
Did this injury occur at work?
If yes please fill in 'Occupation'
 YES NO
Is this injury a result of a motor vehicle accident?
 YES NO

How did this injury occur, and what part of the body was injured?
Accident Location: (e.g. New Plymouth, Auckland)

Date of injury: _____

Time injury occurred: _____ am/pm

ACC Injury? YES NO
ACC45 No:
 (for office use)

READ CODE/S: (for physio to fill)
 1 Left Right
 2 Left Right
 3 Left Right

Do you consent to having acupuncture treatment should your injury require it?
 YES NO

Please identify three important activities that you are unable to do or are having difficulty with as a result of your injury. Then rate your ability to do these activities from 0 to 10 (0 = cannot perform, 10 = pre-injury ability):

1) _____ 0 1 2 3 4 5 6 7 8 9 10
 2) _____ 0 1 2 3 4 5 6 7 8 9 10
 3) _____ 0 1 2 3 4 5 6 7 8 9 10

I DECLARE – The information I have given about this claim is true and correct and that I have not withheld any information.
I AUTHORISE – BounceBack Physiotherapy to lodge this claim for me. That I will pay for treatment that may be declined by ACC. That I will cover costs for materials (e.g. strapping, orthotics). For my records to be sent to a 3rd party if necessary, for the management of my condition. For ACC to contact anyone who holds relevant information, including external agencies or service providers (e.g. medical practitioners, specialists, NZ Police, treatment providers, IRD, WINZ, witnesses to the accident).
Missed appointments will be charged \$25 at the discretion of BounceBack Physiotherapy.

I have read and understand the terms and conditions supplied by BounceBack Physiotherapy:
 If the patient is under 16 this is to be signed by a parent or guardian:

PATIENT SIGN: _____

DATE: _____

PHYSIO SIGN: _____

DATE: _____