Croydon Sports Injury & Spinal Clinic

315 Mount Dandenong Road, Croydon, Vic 3136
P: (03) 9725 1299 F: (03) 9725 7260
E: info@croydonsportsclinic.com.au
W: http://www.croydonsportsclinic.com.au/

CONFIDENTIAL PATIENT REGISTION FORM

1. PATIENT DETAILS													
Title:	First Name:							Surname:					
Address:							Suburb:					Postcode:	
Home Phone:			Work Phone:							Mobile Phone			
Email							DOB:			Age:			
Occupation:							Employer:						

2. HOW DID YOU HEAR ABOUT CSISC?
Please tick the most applicable
☐Friend/Family ☐GP Referral ☐Driving Past ☐Internet Search ☐Facebook ☐Yellow Pages ☐Sporting Club ☐Other
Please specify name of GP/Friend/Family/Club: _____

3. HEALTH COVER DETAILS												
Medicare Number:											Ref Number:	
Do you have private health insurance with extras? ☐Yes ☐No										Fund Name:		

4. CONCESSIONS		
Do you have a concession card? ☐Pensioner ☐Health Care Card ☐DVA	Number:	Expiry Date:

5. SPECIAL INSURANCE CLAIMS		
Do you have any existing Workcover/TAC/Sporting Club/School/Employer to Pay insurance claim? ☐Yes ☐No		
Claim Number:	Insurer:	Case Manager:

6. NEXT OF KIN													
Title:	First Name:							Surname:					
Address:							Suburb:					Postcode:	
Home Phone:			Work Phone:							Mobile Phone			
Email							Relationship:						

7. DOCTORS DETAILS													
Clinic Name:													
GP's Name:													
Address:							Suburb:					Postcode:	
Phone:							Fax:						

8. HEALTH/MEDICAL HISTORY
Please give a detail description of your current complaint:
Have you had any X-ray/CT/MRI scans for your current injury? ☐Yes ☐No
Medicines Taken Regularly (include Aspirin):

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Are you allergic to anything? ☐Yes ☐No	Please List Drug/Contact/Food Allergies?

Do you have a history of any of the following:

☐Asthma ☐Rheumatic Fever ☐Heart Condition ☐Kidney or Liver Disease ☐Blood Clots ☐Psychiatric Treatment

☐High Blood Pressure ☐H.I.V/AIDS ☐Hepatitis (A,B or C) ☐Low Blood Pressure ☐Bone Disease ☐Epilepsy

☐Neuromuscular Disease ☐Diabetes ☐Stroke/s ☐Traumatic Accident ☐Stomach Ulcers ☐Cancer/Tumour

☐Excess Bleeding ☐Joint Replacement ☐Prosthetic Implant

Please provide Details:

Please List Past Operations:

Are you pregnant? ☐Yes ☐No	How many weeks?

9. PRIVACY INFORMATION & CONSENT *Please carefully read the following information, then sign this form where indicated below.*

Consent to Procedures:
With any therapeutic intervention, there are associated risks. With your careful attention to these questions, you will help us ensure these risks are minimised and the appropriate care is provided. When performed by a qualified Practitioner, adjustments are an effective and safe method of care for many conditions and maintenance of good spinal health. I understand that there are some risks with any form of care. I have discussed my risks with my practitioner, have been given the opportunity to ask questions, and am satisfied with the answers. Having discussed and understood the programme of care outlined for me, I grant permission for care to proceed.

Privacy:
Our practice is committed to providing you with quality, continuing care, including the protection of the confidentiality of your records. As part of this care and in compliance with the Privacy
Legislation, it is important that we gain your consent to collect and use personal information about you, only as necessary. Our practice has a Privacy Policy on the collection, use, disclosure and security of information obtained from our patients. There is a Privacy Statement displayed in the waiting room.
I hereby acknowledge that health information is required to be collected by the clinicians at Croydon Sports Injury and Spinal Clinic in order to provide me with effective and appropriate health care treatment and or management.
I consent to and authorise the collection of such information by the practitioners of Croydon Sports Injury and Spinal Clinic and I agree that my medical records may be retained and utilized by the health professionals at Croydon Sports Injury and Spinal Clinic for the purpose of future health care treatment and or management.
I consent to information regarding my condition, treatment and management being given to and received by doctors, other treatment providers, hospital, pathology, radiological services and or one of the following third party bodies - Please circle the appropriate third party ie: Workcover, TAC, Insurance Company, or _____

Terms and Conditions

1. PAYMENT AND CREDIT POLICY
   - 1.1 Non-Account Patients must make full payment of the Price upon provision of the Goods and/or completion of the Services.
   - 1.2 Account Patients must make full payment to the Clinic within thirty (30) days from the date of issue of invoice(s) for the Goods and/or completion of the Services.
   - 1.3 Credit will only be granted at the sole discretion of the Clinic
   - 1.4 Any credit granted may be revised by the Clinic at any time and at its discretion.
   - 1.5 The Clinic reserves the right to withdraw any credit facility upon any breach by the Patient of these Terms of Conditions or upon the Patient ceasing to trade and/or being subject to any legal proceedings and/or the Patient committing an act of insolvency.
   - 1.6 The Patient agrees that upon such withdrawal, any and all monies owing on the account shall become immediately due and payable.
2. GOODS AND SERVICES TAX
   - 2.1 GST refers to Goods and Services tax under the Goods and Services Act 1999 ("GST Act") and terms used herein have the meanings contained within the GST Act.
   - 2.2 It is agreed between the Patient and the Clinic that the consideration for the Clinic expressed in this Agreement is exclusive of the Clinic's liability of GST.
   - 2.3 On sale: The Patient will pay to the Clinic, in addition to the total purchase Price, the amount payable by the Clinic of GST on the taxable supply made by the Clinic under this Agreement;
   - 2.4 The Clinic shall deliver to the Patient a Tax Invoice for the supply in a form which complies with the GST Act and Regulations.
3. DISHONOUR OF CHEQUE
   - 3.1I f any cheque issued by the Patient or by any third party in payment of the Price is dishonoured:
   - 3.2 The Clinic may refuse to supply any further Goods until satisfactory payment is received in full, including bank fees and charges;
   - 3.3 The Clinic is entitled to treat the dishonour of the Patient's cheque as a repudiation of this Agreement and to elect between terminating this Agreement or affirming this Agreement, and in each case claiming and recovering compensation for loss or damage suffered from the Patient.
   - 3.4 The Patient may be liable for a dishonoured cheque fee of $40.00.
4. DEFAULT
   - 4.1 Invoices issued by the Clinic shall be due and payable upon the provision of Goods and/or completion of the Services for Non-Account Patients, and invoices issued by the Clinic shall be due and payable within thirty (30) days of the date of issue for Account Patients ("Default Date") depending on terms agreed with the Clinic. Without prejudice to any other rights of the Clinic, the Patient may be charged account keeping fees of $25.00 monthly on any payment in arrears.
   - 4.2 If the Clinic does not receive the Outstanding Balance for the Price on or before the Default Date, the Clinic may, without prejudice to any other remedy it may have, forward the Patient's outstanding account to a debt collection agency for further action. The Patient acknowledges and agrees that:
   - 4.3 After the Default Date, the Outstanding Balance shall include, but not limited to, all applicable fees and charges under this Agreement;
   - 4.4 The Clinic may, in its discretion, calculate interest at the rate of two percentum (2%) higher than the rate for the time being fixed from time to time under Section 2 of the Penalty Interest Rates Act 1983(Vic) for all monies due by Patient to the Clinic.
   - 4.5 In the event of the Customer being in default of his obligation to pay and the overdue account is then referred to a debt collection agency, and/or law firm for collection the Customer shall be liable for the recovery costs incurred and if the agency charges commission on a contingency basis the Customer shall be liable to pay as a liquidated debt, the commission payable by the Supplier to the agency, fixed at the rate charged by the agency from time to time as if the agency has achieved one hundred per cent recovery and the following formula shall apply:

     Original Debt x 100
     Commission = 100 - Commission % charged by the agency (including GST)

   - 4.6 In the event the agency is Prushka Fast Debt Recovery the applicable commission rate for the amount unpaid is as detailed on www.prushka.com.au.
     In the event where the Clinic or the Clinic's agency refers the overdue account to a lawyer the Patient shall also pay as a liquidated debt the charges reasonably made or claimed by the lawyer on the indemnity basis.

Please Note: By signing the below you understand & agree to be bound by the consent statements and the Financial Terms & Conditions set out herein.

Signed:	Date: