The information you provide is confidential and will not be released to any third party without your consent. We will not use your contact details to send any marketing material.

NAME:	DOB:
EMAIL:	
ADDRESS:	
PHONE:	EMERGENCY CONTACT/NUMBER:
OCCUPATION:	GP:
I prefer to receive appointment reminders and invoices through: ☐SMS ☐Email	Are you: ☐A pensioner? (please show card to reception) ☐A Flying bats member? ☐A Balmain South Sydney Cricket Club member?
How did you find us? ☐Internet search_____ ☐Doctor _____	☐Friend/family_____ ☐Other_____
Is this a worker's compensation or motor vehicle accident claim? If so, please provide: Referring doctor_____ Insurance company_____ Case manager_____ Claim number_____	
AI Note-Taking Consent To help your physiotherapist focus completely on your assessment and treatment rather than typing, our clinic may use an AI-assisted note-taking tool during your consultation. This is completely optional and your choice to accept or decline. You can also ask to pause or stop the AI tool at any time during your consultation. ☐I consent to the use of AI note-taking tools during my consultations. ☐I decline the use of AI note-taking tools during my consultations.	

Medical history

Please indicate all applicable diagnoses or symptoms by selecting the appropriate boxes; please provide further information if necessary:

☐Diabetes_____	☐Bowel/bladder dysfunction_____
☐High blood pressure _____	☐Recent unexplained weight loss_____
☐Cardiac problems_____	☐Any form of cancer_____
☐Digestive illness (IBS, colitis) _____	☐Any inflammatory/autoimmune condition_____
☐Asthma/respiratory illness_____	☐Psoriasis or eczema_____
☐Blood-borne illness_____	☐Allergies _____
☐Osteoporosis/osteopaenia_____	☐Thyroid condition (e.g. Hashimoto's)_____
☐Epilepsy_____	☐Uveitis, iritis_____
☐Other_____	

See overleaf

Medications

Please list any regular medications you take:	Do you, or have you ever, taken regular steroid medication (e.g. prednisone for asthma)? If so, please provide details.

Past history

Please list all past major injuries to joints, muscles, spine or nerves:	Please list all previous major surgeries, and the year you underwent the surgery:

Family history

Have any family members been diagnosed with any of the following?

☐Diabetes_____	☐Autoimmune condition (e.g. lupus)_____
☐Osteoarthritis/joint replacements_____	☐Headaches/migraines_____
☐Rheumatoid arthritis_____	☐Uveitis, iritis_____
☐Any form of cancer_____	☐Stroke_____
☐Cardiac condition_____	☐Other genetic condition_____
Further information if necessary:	

Sport and hobbies

Please list all physical activities you currently participate in. How often do you do these?

Additional
