

Title:	Mr. / Master / Mrs / Miss / Dr.	Name:	
Address:			
Telephone:		Mobile:	
Email:			
Date of Birth:		Is this an ACC claim?	Yes / No
If, yes, what happened to cause the injury? (Briefly):			
Occupation:		Employed / Self-Employed / Unemployed / Retired / Student	
Name of GP / Medical Centre: Dr: _____	Ethnicity: NZ Maori Other European Samoan Prefer not to say	Other NZ European / Pakeha Chinese Fijian Other cook Islands	

By signing this document, **I hereby give my consent to receive treatment by an appropriately qualified Osteopath.** He/ She will provide comprehensive Osteopathic treatment as required by my injury or medical condition, within the Scope of Practice set by the Osteopathic Council of New Zealand. **I understand I have the right to decline all or part of the treatment if I wish.** I understand my right to have a second opinion. For the effective management of your condition, the Osteopath may determine that the medical information collected about you needs to be disclosed to a third party (E.g.: Doctor, another Osteopath or ACC). **I give my consent to the disclosure of my medical information / records to any person / organisation** in accordance with the statement above. I understand that this includes discharge / update reports being sent to my doctor or medical centre.

- **I understand that I am liable to pay for any private treatment, or co-payment charges for ACC treatments.** NB - Lodging an ACC application, does not necessarily guarantee your treatment will be subsidised. If your claim is declined for any reason, the treatment will be considered 'private' and you will be liable for any additional fees.
- **I understand that I am liable to pay for the cost of any additional materials required to enhance my condition / response to treatment.** For example, KinesioTape, or any other products I choose to purchase through the clinic / practitioner.
- **If I fail to attend my appointment, change or cancel my appointment without giving at least 4 hours notice, I will be charged a 'Non-attendance' or 'Late cancellation' fee of \$20.** There are no penalty payments for any re-scheduling or cancellations where a notice period of 12 hours or more is given. In cases of emergency, the Osteopath's digression will be used to determine the request for a penalty payment.
- **I agree to pay, in full, for my appointment, on the day of treatment,** unless arrangements have been made prior to commencement of treatment, with the Osteopath.

ACC Patients – I AUTHORISE

- The treatment provider to lodge a claim for me.
- The collection and release of information about me to the extent required to prevent future injuries, determine cover and assess my entitlement to compensation, rehabilitation assistance, medical treatment and the appropriate level of care and attention I require.
- The ACC to contact anyone who holds relevant information, including any external agencies or service providers, medical practitioners, specialists, New Zealand Police, IRD, WINZ, employers, Assessment Agencies and witnesses to the accident.

I DECLARE that the information I will disclose to my Osteopath about my medical history / ACC claim are true and accurate to the best of my knowledge, and I have not withheld any information.

Signature: _____ **New Patient Information Form** _____

- I do not wish to receive ThreeSixty Osteopathy emails or newsletters. Your information WILL NOT be passed on to any third parties for marketing purposes.
- I wish to be sent a summary of my treatment for my personal medical records upon discharge.