

Mr/Mrs/Ms/Miss Surname		Date of Birth
First Name(s)		Age
Street Address		
Suburb		Post Code
Home Phone		Marital Status
Work Phone		Name of Partner
Mobile		N <sup>o</sup> Children
E-Mail Address		
Private Health with Extras? Yes / No		Fund
Concession Card? Yes / No		Concession Card Expiry Date:
Are you aware that payment is to be made at the time of treatment? Yes / No		

**How did you find out about our clinic?**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> doctor                   | <input type="checkbox"/> friend/relative | <input type="checkbox"/> location |
| <input type="checkbox"/> health care practitioner | <input type="checkbox"/> phone book      | <input type="checkbox"/> other    |
| <input type="checkbox"/> promotion                |  |                                   |

**Would you like any additional information on any of the practitioners in our clinic?**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> chiropractic | <input type="checkbox"/> paediatric chiropractic | <input type="checkbox"/> energy healing (chiron) |
| <input type="checkbox"/> massage      | <input type="checkbox"/> sports consultancy      | <input type="checkbox"/> bone density testing    |

**CONSENT STATEMENT**

The Patient (as named above) hereby acknowledges that health information is required to be collected in order to provide effective and appropriate treatment to the Patient. The Patient consents to and authorises the collection of such information by individual practitioners and the staff of Hastings Chiropractic & Natural Health and agrees that the medical records may be retained by the practitioner for the purpose of future treatment. The Patient is also aware that each practitioner is an individual entity and that Hastings Chiropractic & Natural Health takes no responsibility for the behaviour of any practitioner.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_