Chiropractic Children's Healthcare

9 Lower Plenty Road Rosanna 3084
5/603 Boronia Road Wantirna 3152

Welcome to Chiropractic Children's Healthcare

(All information will be kept confidential)

Child's Details:

Surname: ……..……..... First name: …….

Address: …… P/Code: ……

Gender: Male ☐ Female ☐ Date of Birth: ……..……..

Parent/Guardian Details:

(Please place a tick in the box next to preferred contact person and mobile number)

Mother/Guardian ……..……..☐ **Father/Guardian** …...……..…… ☐

(home) ……..☐ (home) ……..…….☐

(work) ……..……..☐ (work) ……..…….....☐

(mobile) ……..……..……..☐ (mobile) ……..……..…… ☐

Permission to use selected contact and mobile number for appointment SMS reminders: Yes ☐ No ☐

Email address: ……...……..……..

Permission to use this email address to contact you: Yes ☐ No ☐

Siblings:

Name/s: …… Age: ……..

…… ……..

…….... ……..

……... ……..

Private Extras Health Fund *(if applicable)*

Fund:……

Family member number on card *(please circle)* **00 01 02 03 04 05**

Please turn over…

Maternal & Child Health Nurse Details:

Name: …… Name of Centre: ……..

Address: ..…… P/Code: …….

General Practitioner Details:

Name: …… Name of Clinic: …….

Address: ..…… P/Code: ……..

Paediatrician Details *(if seen in the last 12mths)*:

Name: …… Name of Clinic: …….

Address: ..…… P/Code: ……..

Referrer *(if applicable)*:

Chiropractic Association of Australia	☐	Advertisement	☐
The Essential Baby Toddler Show	☐		
Chiropractor/Osteopath	☐	Name: ……..	
General Practitioner/Hospital	☐	Name……	
Maternal & Child Care Nurse/Centre	☐	Name……	
Paediatrician	☐	Name: ……..	
Other Patient	☐	Name: ……..	
Gymbaroo referral	☐	Name: ……..	

In most cases we will send a report to your Paediatrician, General Medical Practitioner, Maternal and Child Health Nurse or any other Health Care Provider involved in your child's care to inform them. If you do not wish this to occur please discuss with your Paediatric Chiropractor.

Terms:
I understand that payment for consultations are due on the day of treatment. If payment is not made in full, I understand that an account keeping fee of $5 per 30 day period may be applied until the account is fully paid.

I understand that an SMS reminder is only a reminder and not confirmation of my appointment. Failure to receive an SMS is not an acceptable reason for cancellation. I understand that in the event of a cancellation **24hrs notice** is required, or a fee of 50% of the consultation fee will be charged.

Health Information:
Information about your medical and family health history is needed to provide accurate diagnoses and appropriate treatment. Some information about you is also provided to Medicare and private health funds if relevant, for billing and medical rebate purposes. You have the right to access your information.

Under the Privacy Guidelines, the right of children to privacy of their health information based on the professional judgment of the chiropractor and consistent with the law, might at times restrict access to this information by parents or guardians.

I have read and agree with the collection, use and disclosure of my health information by this clinic.

Signature: …… Date: ……..