



New Patient Registration Form – Private and Confidential

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____ / _____ / _____

Tel No. H: _____ W: _____ M: _____

Email address: _____

Person responsible for payments/Invoicing details (*name/ email/ phone/ etc*) _____

Invoicing: Private (*including Private Health Insurance*) GP Management Plan (EPC) NDIS DVA

Are you a Pensioner? Yes No

Contact Person/Next Of Kin: _____ Phone: _____

Relationship to patient _____

Preferred Language: _____

CONSENT TO TREATMENT:

Statement: I consent to treatment from BetterLife Physiotherapy and reserve the right to refuse treatment at any time.

Signature: _____

Printed Name: _____ (or NOK/Guardian) _____

Date: _____ / _____ / _____