

Welcome to Proactive Physiotherapy. Thank-you for taking time to complete this questionnaire.

Mr	Mrs	Miss	Ms	Given Name:	Surname:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date of Birth:		Occupation:		Email Address:	

Contact Information:

Work:	Home:	Mobile:
Street/PO Box:		
Suburb:	Postcode:	
Cross appropriate box and provide details where possible.	Yes / No	Details
Are you covered by a private health fund? If yes, which health fund are you with?	<input type="checkbox"/> <input type="checkbox"/>	
Are you currently on a multidisciplinary Enhance Primary Care plan commenced by your Doctor?	<input type="checkbox"/> <input type="checkbox"/>	
Do you currently have a Work Cover Injury Claim? If yes, please provide your claim number.	<input type="checkbox"/> <input type="checkbox"/>	
Will you be claiming your treatment under Third Party Insurance? If yes, please provide name of insurance company and claim number.	<input type="checkbox"/> <input type="checkbox"/>	
Are you a member of Department of Veterans Affairs? If yes do you hold a gold or white card?	<input type="checkbox"/> <input type="checkbox"/>	
Are you happy to receive emails from us? Eg. newsletters and appointment reminder.	<input type="checkbox"/> <input type="checkbox"/>	
How did you find out about Proactive Physiotherapy? Please provide names where possible.		
<input type="checkbox"/> Dr_____.	<input type="checkbox"/> Friend_____.	<input type="checkbox"/> Relative_____.
<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Local Directories Phone Book.
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Yellow Pages Online	<input type="checkbox"/> City Life
<input type="checkbox"/> Walking/Driving By	<input type="checkbox"/> Scroll	<input type="checkbox"/> Other_____.

Proactive Physiotherapy Database Form

Name: _____

If you do have an email address, please help Proactive Physiotherapy reduce our carbon footprint and support our move to a paper-free office by providing us with your email address so that any future correspondence can be emailed to you.

My email address is: _____

or

I don't have an email address, please contact me by: Phone Post

Please tick this box if you **do not** wish to be registered for our thank you rewards program.
Please tick this box if you **do not** wish to receive information from time to time that is specifically targeted and relevant to your health and interests.

Your age group:

- 0-12 yrs
- 13-18 yrs
- 19-28 yrs
- 29-40 yrs
- 41-55 yrs
- 56-70 yrs
- 71+yrs

Sports that you play and your hobbies:

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Netball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Cricket |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Squash | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Golf | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Gym/weights | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Rugby Union | <input type="checkbox"/> Outrigging | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Rugby League | <input type="checkbox"/> Sailing | <input type="checkbox"/> Woodwork |
| <input type="checkbox"/> AFL | <input type="checkbox"/> Athletics | <input type="checkbox"/> Dining out |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Walking | <input type="checkbox"/> Fine Wine |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Kayaking/Canoeing | <input type="checkbox"/> Craft |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Hiking | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Running | <input type="checkbox"/> Bowls | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Other |

Proactive Programs you're interested in:

- Bounce Back
- Pilates
- Actively Ageing Program
- One-on-one Exercise

Prescription

Problem areas in your body:

- | | |
|--|--|
| <input type="checkbox"/> Head | <input type="checkbox"/> Hips |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Jaw | <input type="checkbox"/> Knees |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Bladder/Bowel |
| <input type="checkbox"/> Hands & fingers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Back | |

Office use only:

Database updated

Rewards and database updated

No rewards and database not updated

Rewards

Not active