

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