Complete pages 1 - 5
(if uncertain about question/answer, leave open)
(we will discuss those questions with the consultation appointment)

BIO4U
Nizwana Sumbo
Nicolene du Plooy

Patient Details

Title | Initials | Age | Gender
First Name
Surname
ID Number | Home Number
Cell Phone | Work Number
E Mail
Occupation

[If different from Patient] - Person Responsible for the Account

Title | Initials | Age | Gender
First Name
Surname
ID Number | Home Number
Cell Phone | Work Number
E Mail
Occupation

Address

Physical | Postal

Medical Aid Details

Medical Aid | Number
Main Member Name & Surname
ID Number | Cell Phone
E Mail

DISCOVERY MEDICAL AID MEMBERS

Would you prefer if we claim directly from Discovery? (Fees comes from savings) ☐ YES * ☐ NO

* You remain responsible for your account if your medical aid does not pay for any of the appointments for any reason

ALL MEDICAL AID MEMBERS THAT ARE PAYING THE PRACTICE DIRECTLY (EFT / CASH)

Would you want a receipt to claim back from your medical aid (Fees comes from savings) ☐ YES ☐ NO

Someone That We Can Call In Case Of An Emergency

Name
Cell Phone | Relation

Office Use

ICD10

Informed Consent

I, the undersigned, understand and declare that:

A. THE TREATMENT BY NICOLENE DU PLOOY BIOKINETICIST

- During the treatment and evaluation I mightneed to uncover specific body parts and I understand that I may refuse to do so if and when I do feel uncomfortable in doing so.
- The Biokineticist may need to touch me in order to provide effective treatment and that I will inform the Biokineticist if and when I feel uncomfortable.
- It is my right to withdraw this consent at any time or for any specific treatment or intervention.
- I have been informed of all the benefits and risks of the treatment and or intervention. I have been informed of alternative treatment or intervention.
- I understand the treatment and potential complications and I had the opportunity to discuss this with the Biokineticist.
- I further more grant any employee of Nicolene du Plooy Biokineticist permission to arrange for the necessary medical assistance that may be required in case of injury or damage, should I be unable to do so myself.
- I hereby consent to biokinetics treatment and interventions that will be performed on me / my dependant: subject to the Biokineticist performing the relevant safety tests and evaluation, and taking relevant precautions.
- I have disclosed all my medical conditions, medications, and any other related information to the Biokineticist.
- I understand that all information given to the Biokineticist will be treated with the utmost confidentiality.
- I have been informed that the practice is accredited with the HPCSA as a training facility for students in biokinetics. Service might therefore be rendered by biokinetics students or interns.
- Regarding under aged children, the undersigned declare that he/she informed the child / children's other parent and has the consent of the other parent for the assessment and/or therapy.
- Regarding therapy sessions: Physical activity may naturally cause muscle stiffness and soreness. It remains my responsibility to inform the Biokineticist of any discomfort and/or aggravation of symptoms.
- I understand that the answers given about my health may indicate a potential risk in relation to exercise. **NOTE:** When answers indicate a High Risk (we will inform you if you are before our appointment if possible), we advised to consult with your doctor to clear you before starting an exercise programme / increasing your physical activity.

B. THE FINANCIAL & APPOINTMENT RESPONSIBILITY TO NICOLENE DU PLOOY BIOKINETICIST

- This practice does not claim directly from medical aids (unless arranged in advance – only for Discovery medical aid), therefore, I hereby accept full financial responsibility for this account until it is settled in full. (We will provide you with IDC10 codes on the receipt for claiming purposes upon proof of payment).
- Accounts will be rendered electronically. Please check all information and notify us as soon as possible of any changes or discrepancies. (If I do not provide the full and correct details, I will have to insert these on the receipt received, before submitting it to their medical aid.
- It is my responsibility to clarify and rectify any mistakes made by the medical aid with the medical aid.
- Fees are charged in accordance to medical aid rates.
- Accounts older than 30 days will be followed up with a telephone call, sms or e-mail. Accounts older than 60 days will receive a final written warning. If still not settled within 14 days after the final warning date, the account will be handed over for legal action. I understand that I will be responsible for all legal fees involved, if legal action is needed to collect any outstanding fees.
- I hereby declare all personal information as true and correct.
- Appointments not cancelled 6 hours before the time of appointment will be charged R250.00 (which cannot be claimed from a medical aid). (6 hours for afternoon appointments. The day before for morning appointments).
- I am personally responsible to ensure that I am attentive of all appointment dates and times. Appointments not kept due to date and time errors, will be charged for. If uncertain about appointments, please contact the practice to confirm.

C. THE RELEASE OF INFORMATION BY NICOLENE DU PLOOY BIOKINETICIST

- I, do hereby give consent to Nicolene du Plooy Biokineticist to disclose information regarding my diagnosis (ICD 10 Coding), medical condition, prognosis, treatment compliance, and treatment programme to the following people / institutions for the purpose of reimbursement or settlement of his / her account, and or for referral and reporting purposes:

Please indicate Yes / No in the boxes that you do give consent to:

Referring Doctor:		School / Coach:	
Medical Scheme: (claiming purposes)		Other medical practitioners:	
Employer:		Parents:	
Lawyer:		Spouse:	
Insurance Comp.:		Children:	
Other:			

- I fully understand that this is a legal requirement and that I have a choice not to consent to such information being disclosed to any party.
- I indemnify Nicolene du Plooy Biokineticist from any liability, damages or whatsoever that I may suffer as a result of this disclosure and that I will hold this practice and its staff blameless of any further disclosures and or prejudice I may suffer as a result of such disclosures.
- I give this consent (for section A, B and C) freely and declare that it was not made under duress.

_____

Signature (can be signed at the Practice)

_____

Date

Name:	*Age:*	*Date:*	*Bio:*

Medical History / Risk Screening

Please "tick" in the box(es) if you have ever had any of the below mentioned conditions:

A. Have you ever had:

- ☐ A heart attack
- ☐ Heart surgery
- ☐ Coronary angioplasty
- ☐ Pacemaker/implantable defibrillator/rhythm disturbance
- ☐ Congenital heart disease
- ☐ Heart failure
- ☐ Heart transplantation
- ☐ Cardiac catheterisation
- ☐ Heart valve problem
- ☐ You take heart medication(s) *(list meds & dosage)*

B. Current symptoms: You experience signs & symptoms like:

- ☐ Chest discomfort/pain with exertion (Angina)
- ☐ Dizziness, fainting / blackouts
- ☐ Unpleasant awareness of a forceful / rapid heart rate
- ☐ Ankle swelling
- ☐ Unusual fatigue / shortness of breath with light activities
- ☐ Unreasonable breathlessness
- ☐ Burning / cramping in your lower legs when walking a short distance
- ☐ Sleep Apnoea (snore yourself awake)

C. Please indicate if any of the below mentioned is relevant to you (Preclusions):

- ☐ Male - older than 45 years
- ☐ Female - older than 55 years
- ☐ Smoker / quit smoking within the previous 6 months
- ☐ Diagnosed high blood pressure (≥ 140/90 mmHg)
- ☐ You take blood pressure medication *(list meds & dosage)*
- ☐ Diagnosed high cholesterol (> 5.2 mmol/l)
- ☐ You take cholesterol medication *(list meds & dosage)*
- ☐ Diagnosed Diabetes *Type 1 / 2*
- ☐ You take diabetes medication *(list meds & dosage)*
- ☐ You have pre-diabetes
- ☐ You are physically inactive (i.e. you exercise less than 150 minutes per week)
- ☐ You have a Body Mass Index ≥ 30kg/m²
- ☐ Blood clotting problems *(list meds & dosage)*

D. Close blood relative medical history: Please indicate if any of the below mentioned is relevant:

Male Family History: <age 55 (father/brother)

- ☐ Heart Disease
- ☐ Stroke
- ☐ High Cholesterol
- ☐ Diabetes *Type*
- ☐ High Blood Pressure
- ☐ Cancer *Type*
- ☐ Heart Attack

Female Family History: <age 65 (mother/sister)

- ☐ Heart Disease
- ☐ Stroke
- ☐ High Cholesterol
- ☐ Diabetes *Type*
- ☐ High Blood Pressure
- ☐ Cancer *Type*
- ☐ Heart Attack

Do you have any of the following:

- ☐ Asthma / other lung problems
- ☐ Osteoporosis / Osteopenia
- ☐ Other prescription medication *(list meds & dosage)*
- ☐ You are pregnant *weeks*
- ☐ Post-Natal *weeks*
- ☐ Complications with pregnancy? *(indicate complications)*
- ☐ Any muscle / joint problems that limit / could be aggravated by physical activity
- ☐ Allergies *(list allergies)*

Any other medical conditions:

Tell us more about yourself and why you need our help.

Injury / Pain / Problem History

1. Where is your primary injury / pain / problem / complaint? With what are we helping immediately?

☐	Shoulder		*side*	☐	Knee		*side*	☐	Upper Back (area between shoulder blades)
☐	Hip		*side*	☐	Ankle		*side*	☐	Lower Back
☐	Groin		*side*	☐	Neck			☐	Muscle *(where)*
☐	Other								

2. How did the injury happen?

☐	Accident / Trauma / Fall	☐	Suddenly	☐	Over Time
☐	Spontaneous / No Specific Cause	☐	After Surgery	*when was the surgery?*	
☐	While Walking / Jogging / Running	☐	Other		

Explain in short:

Overuse	Overhead	FOOSH	Whiplash	Valgus / Varus	Acceleration	Deceleration	Stretch

3. When did it happen? / Since when do you have this problem?

4. Was there a ☐ **click or a** ☐ **"pop" when the injury occurred?** ☐ **Not with this injury**

5. How would you describe your pain?

☐	Cramping	☐	Sharp, Shooting	☐	Dull	☐	On a specific spot	☐	More alongside your spine
☐	Pressure	☐	Burning	☐	Nagging	☐	No specific spot	☐	Centre of your spine
☐	Stinging	☐	Deep	☐	Aching	☐	Other *(explain in the block below as best as you can)*		

☐ Radiating *where does it radiate to?*

☐	Pain better since injury	☐	Pain the same since injury	☐	Pain worse since injury	☐	Pain gets better with activities

6. What is your Pain Intensity now (at this moment)? 0 = No Pain ; 10 = Unbearable ☐ /10

7. What is your Pain Intensity when you do have symptoms? 0 = No Pain ; 10 = Unbearable ☐ /10

8. When do you experience the pain / symptoms?

☐	During activities / sport	☐	Intermittent / Sometimes	☐	At night
☐	After activities / sport	☐	All the time	☐	Pain gets worse when couching / sneezing

9. Swelling: ☐ Never ☐ Always ☐ During activities ☐ After activities

10. Do you ever experience any of the following?

☐ Grinding ☐ Clicking ☐ Joint giving away ☐ Locking of joint ☐ Back (spine) feels unstable

11. What aggravates your symptoms / pain (select at the body region that we have to help with, e.g. knee / shoulder)?

Neck / ☐ Forward bend ☐ Backward bend ☐ Side bend *to* ☐ *side* ☐ Rotation *to* ☐ *side*

Back ☐ Lying on your back ☐ Lying on your stomach ☐ Lying on your side *on* ☐ *side*

Shoulder ☐ Lifting forward ☐ Taking arm backward ☐ Lifting arm away from your side ☐ Rotation

☐ Opening arms wide from in front of you ☐ Hugging yourself movement ☐ Reaching behind back

Hip ☐ Lifting leg forward ☐ Taking leg backward ☐ Lifting leg to the side ☐ Rotation

Knee ☐ Bending ☐ Straighten ☐ Stairs up ☐ Stairs down

Ankle ☐ Point ☐ Bend ankle up ☐ Tilting inwards ☐ Tilting outwards ☐ Stairs up ☐ Stairs down

☐ Prolonged sitting ☐ Prolonged standing ☐ Prolonged walking ☐ Prolonged jogging/running

☐ Other

12. What alleviates your symptoms / pain?

13. Do you struggle putting on your shoes? ☐ Yes ☐ No

14. Can you go down to the floor with ease, and get up again? ☐ Yes ☐ No

15. Can you stand on your knees (kneeling on hands & knees)? ☐ Yes ☐ No

16. Do you have other injuries / pains that we should be aware of?

17. What treatment (e.g. physio / chiro / etc.) have you received for your current injury? Or previous injuries?

18. Do you have exercise equipment at home? / Are you a member of a gym?