

# THE PRACTICE

WELLBEING CENTRE



Ella Smith

Consent Form

Date of birth 9 Nov 1999

Practitioner Tiana Quaife

Appointment 26 Mar 2024, 2:30PM

Completed 26 Mar 2024, 2:25PM

## Consent Form

First Name Ella

Last Name Smith

Gender Identity and Pronouns She/her

Full Address 37 Annie st newfarm

Mobile Number 0457633338

Date of Birth 09/11/1999

Email ellasmith911@icloud.com

Are you a  
☐ Torrens Student  
☐ Torrens Staff  
☐ Concession  
☒ Student  
☐ Other

Name of person in case of emergency Shirley smith

Relationship to client Mother

How did you hear about The Practice Wellbeing Centre  
☒ Referred by a friend  
☐ Social Media  
☐ Marketing Campaign  
☐ Other

I give my permission to contacted via SMS or email for appointment reminder  
☒ Yes  
☐ No

Do you agree to being sent marketing material, promotions, newsletters?  
☒ Yes  
☐ No

Signature



Date

26 Mar 2024

Name of Parent/Guardian if under 18

### Client Health Questionnaire

What is the main reason for today's visit?

Acne/hormonal problems/mood etc

Please list any medically diagnosed conditions here:

Nil

Are there any other health issues that we should be aware of?

Allergies

☐ Yes  
☒ No

Food Intolerances

☐ Yes  
☒ No

Heart Condition/High Blood Pressure

☐ Yes  
☒ No

Medical Devices/Implant/Joint Replacement

☐ Yes  
☒ No

Diabetes

☐ Yes  
☒ No

Liver or Kidney Disease

☐ Yes  
☒ No

Vegetarian/Vegan

☐ Yes  
☒ No

Pregnant (or chance of pregnancy)

☐ Yes  
☒ No

Breastfeeding

☐ Yes  
☒ No

### Medications/Supplements

List all medications or natural remedies you are currently taking (incl. Panadol, OCP etc)

**Brand & Name**

**Dose (how much and how often)**

**Reason for taking**

**Since when?**

**Declaration:** I understand that whilst I am not obliged to provide any information, failure to provide full health details requested above or during consultations may compromise the quality of treatment provided.

**Client Signature**



**Date**

26 Mar 2024

**Parent/Guardian signature if client is under 18 years of age**

**Please read the following and sign to indicate your understanding and declaration of consent:**

- I am aware that this is a student teaching clinic and consent to the clinical assessment and treatment by student practitioners under the supervision of a qualified practitioner.
- I understand that at times the clinical supervisor may be observing, commenting or demonstrating during the consultation and/or treatment and that other students may also be observing during consultations in the room and via live streaming.
- I understand that in order that the student obtain as much experience as possible it may not always be possible to be seen by the same student practitioner at return visits.
- I understand that information provided during the consultation process may be used for training purposes by clinic students and staff and that all identifying details will be omitted in these instances to ensure patient confidentiality is maintained.
- I understand that physical therapy treatments may require an appropriate level of disrobing in order to carry out the appropriate treatment and that during physical therapy treatments every effort will be made to make my experience as comfortable as possible and I will communicate any concerns or discomfort that I experience immediately.
- I understand that treatment conducted at The Practice Wellbeing Centre does not take the place of medical treatment where needed and it is my responsibility to inform the student practitioner of any illnesses, injuries, medical conditions or procedures and any other information regarding my health.
- I understand that my file notes will be available to each student practitioner I attend for treatment across all the modalities.
- I understand that whilst I am not obliged to provide any information, failure to provide full health details requested during consultations may compromise the quality of treatment provided.

- I understand that a 50% cancellation or no show fee may apply. The no-show policy allows for three instances and may result in suspension from the clinic for a year.
- I hereby acknowledge the terms and conditions of consultation and treatments at The Practice Wellbeing Centre as stated above and that information provided on this form is accurate, current and will be maintained in accordance with the Health Records Act (2001), National Privacy Principles and the Privacy Act (2001).
- I understand that I should notify my treating practitioners at The Practice Wellbeing Centre prior to undertaking more than one treatment modality on a single day.

**Client Signature**

A handwritten signature in black ink, consisting of a stylized, cursive 'E' followed by a horizontal line.

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**Date**

26 Mar 2024

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**Parent/Guardian signature if client is under  
18 years of age**