

Date: \_\_\_\_\_

## CONTACT INFORMATION



Kensington **Chiropractic for Health**

**Title:** (Please circle) Ms./ Mrs./ Miss./Mr./Master/Dr./Prof.)

**Surname:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_ **Preferred name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Unit/Apt No. Street No. Street Name  
Suburb State Post Code  
**Occupation:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Marital Status:** Single/Married/De facto/  
Separated/ Divorced/Widowed/  
Other \_\_\_\_\_ **Names and Ages of Children:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate if you have any of the following:**

Private Health No.: \_\_\_\_\_  Health Care Card No.: \_\_\_\_\_  Student Card No.: \_\_\_\_\_  Medicare Card No.: \_\_\_\_\_  Pension/Seniors Card No.: \_\_\_\_\_  
Exp.: \_\_\_\_\_ Exp.: \_\_\_\_\_ Exp.: \_\_\_\_\_ Exp.: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Fund: \_\_\_\_\_

**Who may we thank for referring you?**

Patient's name: \_\_\_\_\_  GP/MD: \_\_\_\_\_  Podiatrist: \_\_\_\_\_  
 Physiotherapist: \_\_\_\_\_  Massage Therapist: \_\_\_\_\_  Midwife/Doula: \_\_\_\_\_  
 Yellow/White Pages  Google/internet  Other: \_\_\_\_\_

**We think it is important to keep your other health care providers up-to date.**

**May we have your permission to mail through updates on your care?**  Yes  No **Initial:** \_\_\_\_\_

**Practitioner's Name:** \_\_\_\_\_ **Practice Name/Address:** \_\_\_\_\_  
(GP/Physio/Podiatrist/Doula/Midwife/\_\_\_\_\_)

**Emergency Contact Details**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**At KCFH, we wish to empower our patients as much as possible by answering questions and providing them with information and understanding. We have three ways we do this (please tick those you are interested in):**

- 1. **Special Appointments (Part 1 and Part 2). Please see front desk for next date.**
- 2. **Online patient education through our website. (Please ask the front desk to ensure you are included in our education emails).**
- 3. **Online videos that get emailed to you (and nothing else, we promise!), or you can login and watch at your convenience.**

I, the undersigned, understand I am financially obligated for any fees, with the understanding that this clinic will gladly prepare forms and reports if necessary to enable me to regain reimbursement from insuring companies. Legal opinion is that x-rays remain the property of the clinic, however these will be given to you for you to store for your convenience.

\_\_\_\_\_  
Signature OR Parent/Guardian Signature

\_\_\_\_\_  
Date