



# All Ages Physiotherapy

James Benoit, B. App Sci. (Physio.), Cred M.D.T., M. Sports Physio,  
 APA member. Provider # 2263723y.  
 Karen Benoit, B. App Sci. (Physio.), APA member. Provider # 2305173w.  
 Liz Lindstrom, B. Physiotherapy, APA member. Provider # 2647512b.  
 Elizabeth Hurrell, B. Physiotherapy, APA member. Provider # 4383562a

22 Reef St Gympie Q 4570  
 Ph/ Fx: 07-5483-7009  
 Email: mail@allagesphysio.com.au  
 www.allagesphysio.com.au  
 A.B.N. 92 190 593 292

## Medical History Form Confidential

Dr/Mrs/Ms/Mr \_\_\_\_\_  
 Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Parent's Mobile (U18s) \_\_\_\_\_ Email \_\_\_\_\_

Health Fund \_\_\_\_\_

Doctor/GP \_\_\_\_\_ Phone \_\_\_\_\_

Is this a Workers Compensation Claim? **Yes/No** Claim # \_\_\_\_\_

Is this a Motor Vehicle Accident Claim? **Yes/No** Claim # \_\_\_\_\_

Date of Accident? \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

<b>Have you ever had:</b>	<b>No</b>	<b>Yes</b>	<b>If yes please state</b>
A serious illness?			
Any heart complaints or heart surgery?			
Cortisone or steroid treatment?			
An allergic reaction?			
Are you taking any medications?			
Blood thinners?			
Dizziness/Nausea /Ringing in the ears?			

### HOW DID YOU HEAR ABOUT US? (please circle)

Doctor                      Word of Mouth                      Yellow Pages                      Advertisement  
 Signage on building                      Other \_\_\_\_\_