



General Client Information

Date:	Male / Female	D.O.B:	
Surname:		Given Name:	
Address:			
Email Address:			
Phone No (H)		(M)	
GP and Practice Details:			
NDIS Number:	Plan Dates:	From	To
NDIS Nominee Contact Details: Name:		Telephone / Mobile:	
SACAT Appointed Guardian Details: Name:		Telephone / Mobile:	
Does the client have CB Daily Living Funding for ongoing Podiatry Care?	Yes / No	Assistive Technology Funding for Orthotics or Footwear?	Yes / No

Plan Management Type:

<input type="checkbox"/> Plan Managed (company):	Accounts Email:
<input type="checkbox"/> Self-Managed	Accounts Email:
<input type="checkbox"/> Agency Managed (via NDIS Portal)	Office Use Only

IMPORTANT

To ensure the safety of our staff and to facilitate the assignment of the most suitably qualified podiatrist, we kindly request that all mental health conditions be clearly documented in the referral. Additionally, please be advised that our podiatrists will be utilising specialised instruments for foot treatments. Therefore, we respectfully ask that you inform us of any bloodborne diseases, such as HIV, Hepatitis-C etc, to safeguard the well-being of our staff throughout the treatment process.

Medical and / or Disability History: (including allergies)

<input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure or other Heart problems <input type="checkbox"/> Poor Circulation <input type="checkbox"/> Undergoing Chemotherapy <input type="checkbox"/> Blood thinners medication <input type="checkbox"/> Stroke	<input type="checkbox"/> Vision or hearing impairment <input type="checkbox"/> Arthritis <input type="checkbox"/> Other (<i>please specify</i>) <hr/> <hr/>
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Medication List: (please list or attach)

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Reason/s for Podiatry Referral:

<input type="checkbox"/> Diabetes Foot Assessment and Preventative Care <input type="checkbox"/> Corns / Calluses / Tinea <input type="checkbox"/> Toenail problems or unable to care for them <input type="checkbox"/> Circulation / Nerve Problem <input type="checkbox"/> General foot care and assessment	<input type="checkbox"/> Orthotics <input type="checkbox"/> Assessment of the way you walk <input type="checkbox"/> Pain in the foot / toe/ heel <input type="checkbox"/> Shoe Assessment Recommendations <input type="checkbox"/> Other (<i>please specify</i>) <hr/> <hr/>
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General:

<input type="checkbox"/> Is the client aware of the referral? Yes / No
<input type="checkbox"/> Who do we contact to organise appointments?
<input type="checkbox"/> Are you requiring a Home Visits or Clinic Appointments?
<input type="checkbox"/> Any alerts or safety issues we should be aware of? eg. front door/back door/ access key?

PODIATRY SERVICES SA – Privacy & Confidentiality

COMMITMENT TO SERVICE

The purpose of this form is to explain your rights and responsibilities. By choosing Podiatry Services SA you have elected to receive podiatry services from us. We will provide you with information upon request about our services, to assist you with making ongoing choices about your health care.

OUR CONSENT POLICY (as per Privacy Act 2014)

Purpose of collecting and holding information

- Personal information is collected about you for the primary purpose of providing quality health care.
- The personal information we collate needs to be true and accurate for an appropriate assessment, diagnoses, and treatment to be performed and advice to be provided on your health care needs.
- The information collected from you will be kept in hard copy and or electronic form, in a secure data storage location.
- Podiatry Services SA is actively involved in research, training, and education for the public community from time to time, with medical students and other health professionals. Podiatry Services SA may from time to time collect and present/publish case studies and clinical photographs to the audience/readers. Real names and identifiable personal information will be deleted to maintain confidentiality. If you object to this, please advise our Reception Team and a note will be made on your file.

Privacy and Confidentiality

All your personal information gathered by the Podiatry Services SA during the provision of podiatry services will remain confidential and secure except where:

- It is subpoenaed by court.
- Failure to disclose the information would place you or another person at serious and imminent risk.
- If disclosure is otherwise required or authorised by law.
- There will also be situations where medical information is required to be released and obtained as discussed further.

Consent

To provide our clients with optimal holistic podiatry services, we will communicate with external parties about your podiatry care. Accepting a service with Podiatry Services SA gives us permission to release and obtain your personal health information with others involved in your healthcare, within and outside this Practice, including;

- Written referrals or case discussion with Doctors, Specialists, or other health professionals.
- Sending requests for medical tests where the reports of results are returned to the referring practitioner.
- Consulting with colleagues of supervisors for the purpose of supervision/training.
- In the situation of a work/non work injury – discussion and reports sent to Work Cover, insurance agents, employer and anyone who is involved in the management of the of the injury.

At times you may be requested to give consent to the presence of a third party to be present during your consultation, which may also include a student.

You are also free to withdraw your consent at any one time by verbal or written notification.

COMPLIMENTS AND COMPLAINTS

Podiatry Services SA welcome both compliments and complaints regarding the service provided to you. Your feedback is important to us as it enables our organisation to continually improve our services.

FEE POLICY

Podiatry Services SA Fees – as from 1 January 2023

Our Fee schedule is subject to change from time to time.

1. I understand that failure to pay the full fee could result in legal action and/or debt collection which may incur additional charges payable fully by myself.
2. If cancellation of appointment is **within 24 hours' notice**, then Podiatry Services SA will charge 100% of the applicable consultation fee.
3. It is a policy of this practice that all fees are non-refundable.

Initial Podiatry Assessment for NDIS participants – <i>Includes consultation, research, recommendation summary and report</i>	\$387.98
Podiatry Recommendation Summary / Report	\$193.99
Podiatry Assistive Technology Report	\$193.99
Subsequent Podiatry consultations	\$193.99
Cancellation with less than 24 hours' notice – 100% of standard fee per NDIS guidelines	\$193.99

AUTHORISED CONSENT

I acknowledge, confirm, and agree to all the following:

- All the above information provided is true and accurate to the best of my knowledge.
- I understand that the practice will protect my confidential information to their best endeavor but cannot guarantee such protection caused by others with criminal intent. Under the Privacy Act 1988 (Cth), you have the right to request a copy of your medical record, but you will need to request in writing or fill in our form 'Release of information'. Fees may apply and must be paid prior to the release to cover the time and effort required of us to comply with the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
- I understand and agree to pay consultation fees in full, if not on the day of consultation, then within (7) days of Invoice Date;
- If English is not my first language, it is my responsibility to arrange for an interpreter service at my own expense. It is my choice to engage my relatives or anyone as my interpreter and I am aware of and accept the limitation this may pose and will not hold Podiatry Services SA liable for any mishaps because of any miscommunication if I choose/insist not to engage a qualified independent interpreter.

To be signed by the participant or an authorised representative for the client.

Signature:	Date:	
Name:		

Please return completed form to:

Email – ndis@podiatryservicessa.com.au

Phone – 08 8297 4808

Fax – 08 8297 4800