

Welcome to Pondera

Personal Information

Please complete all sections

Name: _____
First Last Post code

Date of birth: _____ Mobile phone: _____

Email: _____

Your Medicare Card Number : _____ Reference Number : _____ Expiry : _____

Q: How did you hear about Pondera or did someone refer you? Please circle one

Internet search | Advertisement | GP or specialist *fill consent below* | Friend or family | School or Teacher

Other _____ *let us know who so we can thank them*

Q: Which one of our services is the main reason for your visit today? Please circle one

Physiotherapy: Dance | Theatre | Music | Vocal | Sports | General
Exercise Physiology | Pilates | Massage

Consent for Pondera to contact your referrer

Do you have a referral letter? Yes No Do you give Pondera consent to contact your referrer? Yes No

Who is the referral from? (Circle one) General practitioner | Medical specialist | other Health professional

Referrer's name: _____
First Last

Privacy and confidentiality policy

Privacy and Confidentiality: I consent to the sharing of my information with other services e.g. insurance, specialists and other health professionals associated with the management of my treatment. This includes but not limited to copying reports, Doctors' referrals and letters. These documents are used with care and confidentiality by clinicians to help them provide the best care specific to your needs.

Do you give Pondera consent to share clinical notes/reports? Yes No

Federal legislation states that consent is needed for us to fulfill privacy and confidentiality requirements outlined in the Privacy Amendment (Enhancing Privacy Protection) Act 2012, to protect your personal information.

Cancellation policy

All bookings at Pondera are considered clinical appointments. A cancellation fee of 50% of the service fee for appointments or a full session charge for Pilates studio sessions may be applied if you do not advise us in advance of your inability to attend an appointment. To avoid any fees please text, email or call us if you cannot make your appointment or any of your Pilates sessions.

I have read and understood the cancellation policy: _____ Date Signed _____ / _____ / _____
if under 18, guardian/parent to sign date