



Barker Inc. Physiotherapists

Registration # 2002/008943/21

Patient information/Pasiënt besonderhede

Title/Titel: _____ Surname/Van: _____

Full name/Volle naam: _____

ID # _____ (or date of birth/ of geboorte datum)

Contact #/ Kontak #: mobile: () _____ home () _____

Person responsible for account/ Persoon verantwoordelik vir rekening

Title/Titel: _____ Surname/Van: _____

Full name/Volle naam: _____

ID # _____ (or date of birth/ of geboorte datum)

Contact #/ Kontak #: mobile: _____ home: _____

Email address/ Epos adres: _____

Postal address:	Home address/ Woonadres
Employment details/ Werksbesonderhede	Next of kin/ Naasbestaande
	Name: _____
	Address: _____
Tel #: () _____	Tel #: () _____

Medical aid details/ Mediese fonds besonderhede

Medical aid name/Mediese fonds naam: _____

Plan/Option: _____

Medical aid number/ Mediese fonds nommer: _____

Referring doctor/ Verwysende dokter: Dr. _____

Dependent code (patient)/ Afhanklike kode (pasiënt): _____

Patient's medical history/ Pasiënt se mediese geskiedenis

Please mark each item with **either** a **✓** or a **X**

If you don't what an item is, leave it blank

Diabetes	<input type="checkbox"/>		
High blood pressure	<input type="checkbox"/>		
Low blood pressure	<input type="checkbox"/>		
Heart problems	<input type="checkbox"/>		
Hepatitis	<input type="checkbox"/>		
Allergies	<input type="checkbox"/>	→→	Specify: _____
Epilepsy	<input type="checkbox"/>		
Hernia	<input type="checkbox"/>		
Pregnant	<input type="checkbox"/>	→→	How long? _____ Weeks
Smoker	<input type="checkbox"/>	→→	How many? _____ per day
Asthma	<input type="checkbox"/>		
Any metal implants	<input type="checkbox"/>	→→	Where? _____
Pacemaker	<input type="checkbox"/>		
Osteoporosis	<input type="checkbox"/>		
Contagious diseases	<input type="checkbox"/>	→→	Specify _____
Fibromyalgia	<input type="checkbox"/>		
Arthritis	<input type="checkbox"/>		

What medication are you currently taking?

Name:	_____	Dosage:	_____
Name:	_____	Dosage:	_____
Name:	_____	Dosage:	_____
Name:	_____	Dosage:	_____

What other treatment are you receiving?

Consent/ Toestemming

I authorise Barker Physiotherapists Inc to forward my details to their legal representatives for collection if necessary. Any legal costs arising from non-payment of the full account will be borne by the patient.

I hereby give permission for the institution of such treatment as my therapist and I discuss necessary. I agree that the company can record the assessment and treatment in any way which is professional and kept confidential in accordance with PAIA, POPI and HPCSA regulations.

I hereby consent to removing such items of clothing or jewellery as may be necessary and appropriate during treatment.

I hereby acknowledge that I have read and understood the attached document entitled: ***“Important information regarding your account”***, and undertake to retain a copy of this document for my own records.

Signed at: _____ Date: _____ / _____ / _____ AD

Patient's signature:



Barker Inc. Physiotherapists.

Company Reg # 2002/008943/21

Practice # 0087351

Important information regarding your account

Luke & Barker Inc. is a company which strives at all times to maintain a healthy and profession relationship with our patients. This includes the administration of your account

1. There is no "Medical aid tariff" in South Africa. The fees charged by this practice are according to the current South African Society of Physiotherapy's (SASP) structure. Your particular medical aid scheme/plan might use a different structure.
2. The full and final payment of your account with us is, and always will remain, the legal responsibility of the patient /member, or their parent or legal guardian in the case of a minor. The patient is bound by law to settle the account timeously, and not your medical aid. If your medical aid either fails to pay the account on your behalf in part or in full for aid. If your medical aid either fails to pay the account on your behalf in part or in full for any reason, or reverses any such payments, you remain legally liable for the outstanding amount.
3. This means that even if you are a member of a medical aid or part of another form of medical insurance scheme, IT REMAINS YOUR PERSONAL RESPONSIBILITY TO MAKE SURE THAT YOUR ACCOUNT IS PAID ON TIME.
4. To assist you with this process, we will submit the account to your medical aid electronically on your behalf. You must please ensure that the details you provide us to do this with are accurate and complete. Please check your details carefully. If your details change, please advise us in writing as soon as possible. It remains your responsibility to ensure that the account reaches the funder without delay.
5. It is not possible for any medical practice to know the exact benefits that your particular medical aid plan offers you. We are also not able to make enquiries on your behalf. Please familiarise yourself with the benefits of your own particular plan.
6. You are **personally responsible** for the attorney and own client costs, administration fees and collection commission should non-payment of your account result in legal or debt collection action being brought against you.
7. The practice levies an administration co-payment of R100 per annum on all medical aid patients. This co-payment is not claimable from your funder.
8. Please note that we see patients on an appointment only basis. The appointment time will be communicated to you verbally and confirmed by at least one sms. If you cannot attend the scheduled appointment, please let us know by calling 0116935041. Appointments not cancelled timeously will attract a R300 fee which is not claimable from your medical aid.
9. This practice administers its accounts and patient details in a PAIA and POPI compliant manner. As a bona fide patient of the practice, we will also communicate with you regarding your health care from time to time . Please contact bruce@lukeandbarkerphysio.co.za if you have a query in this regard.

If you have any queries regarding your account or need to arrange terms to pay it, please contact our Accounts Manager (011) 692-3328

Thank you, Bruce Barker