

CONSENT FORM AND INFORMATION

KOWHAI PHYSIO AND HAND THERAPY ONSITE MAHURANGI SCHOOL CLINIC

Dear Parents and Caregivers,

Kowhai Physiotherapy and Hand Therapy are proud supporters of Mahurangi College. Lead by owners Scott and Toni Wilson, onsite clinics have been operating for the students of Mahurangi College for the past 8 years. This service is accessible to all students for sports and general injuries or conditions. We offer advice, assessment and treatment.

The School Clinic is located in the Student Services block next to the Sick bay.

Hand Therapy – Tuesday and Thursday

Physiotherapy – Wednesday

We are happy to provide this treatment at **no cost**, however we do require a **signed Consent form completed prior to commencement of treatment (and an ACC Declaration form if accident related)**. This is to be signed by a parent or caregiver if the student is under 18 years old (see attached forms).

To book an appointment for your child, please phone us on (09) 425 9150 or email info@kowhaiphysio.co.nz. Students can also request how to book an appointment at the Health Centre located in the Student Services block.

Nb* Text reminders for appointments will be sent the day prior to the students mobile number as well as the caregiver.

Nb* A management plan will be sent home with the student after the Initial appointment.

Please feel free to contact us by phone or email if you have any questions.

Please find attached the Consent and ACC form for your completion.

Nb* If you require additional forms please email us.

A: Kowhai House,
10 Percy Street,
P.O. Box 304
Warkworth, 0910

P: 09 425 9150
F: 09 425 9763

hands on caring

info@kowhaiphysio.co.nz
www.kowhaiphysio.co.nz

KOWHAI PHYSIOTHERAPY & HAND THERAPY - ACC45 Form

SECTION 4 - ACC45 DETAILS		PHYSIOTHERAPIST TO COMPLETE	
Patient Name		ACC45 Number:	
Date of Injury:	Time of Injury: am pm	READ CODE/S: 1 2 3	SIDE: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
Location: (eg: Christchurch, Auckland)	Place of Injury: (eg: Home, School, Road)	Additional Injury Comments to injury code:	

How did the injury happen and what part and side of your body did you injure?

Did the accident occur at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	
Please tick those that apply:	<input type="checkbox"/> I am in paid employment <input type="checkbox"/> I own/part-own the company in which I work <input type="checkbox"/> I am self-employed <input type="checkbox"/> I am not in paid employment
Work Intensity:	<input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy
What is the name and address of the business you are employed by or own?	
Is this injury as a result of a motor vehicle accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this injury a result of a sport accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of sport:

ACC DECLARATION:

I DECLARE – The information I have given about this claim is true and correct and that I have not withheld any information.

I AUTHORISE – The treatment provider to lodge the claim for me. The collection and release of any information about me to the extent that this is needed to prevent future injuries, determine cover and/or assess my entitlement to compensation, rehabilitation assistance, medical treatment and/or the appropriate level of care and personal attention I should receive. ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners, specialists, New Zealand Police and Treatment Providers, IRD, WINZ, Assessment Agencies, employers and witnesses to the accident.

<p>SIGNED: <i>(If under 18 must be signed by parent/guardian)</i></p>		<p>DATED:</p>
<p>PHYSIOTHERAPIST SIGNED:</p>		<p>DATED:</p>
		<p><i>Office Use Only:</i></p> <p>ENTERED: <input type="checkbox"/></p> <p>SCANNED: <input type="checkbox"/></p>