
PATIENT CONSENT FORM



What to expect

Your Rights

Fees

Medical Insurance

ACC Information

Herb-Drug Interactions

WHAT TO EXPECT

Please complete this consent form, which outlines that you understand your treatment rights and responsibilities. It will be scanned into our IT system and given back to you. When the Practitioner is available you will be invited into the treatment room.

Your practitioner will ask detailed questions regarding your complaint, your medical history, general health and medication you may be taking. You may feel that some of this is irrelevant to your problem, however osteopathy and even massage works on treating the body as a whole and these questions may help the practitioner in your treatment. Taking the case history may take between 5-15 minutes.

Depending on the area of injury you will be asked to undress so that your practitioner can check your problem area and posture. If you are uncomfortable about this please speak to your practitioner. The examination may involve you performing some simple movements so that the Practitioner can assess your condition. Your blood pressure, reflexes, joint mobility and muscle strength may also be tested to help make an accurate diagnosis. In some cases a diagnosis may not be possible, or you may be referred to another specialist for further investigations.

The practitioner will explain what type of treatment is recommended and explain why, so that treatment can begin. If at any time during treatment you find any of the techniques uncomfortable please don't hesitate to tell your practitioner. After treatment you may experience transient discomfort or an aggravation of your symptoms for up to 48 hours.

This can be a normal part of the body's reaction to treatment. If you are concerned about your reaction please contact the clinic. Remember it may take several sessions before your condition is relieved.

- Respect
- Fair treatment
- Dignity and Independence
- Proper Standards
- Communication
- Information
- It's Your Decision
- Support
- Teaching and Research
- Complaints

A pamphlet giving more details is on display in the waiting area.

FEES

Osteopathic treatment is not fully subsidised by ACC, leaving a surcharge of \$35.00 per visit or \$50.00 for an initial ACC consultation.

Private treatment incurs a fee of \$55.00 per treatment or \$80.00 for an initial consultation.

There is a minimum patient fee of \$40.00 for all clients who see the Osteopath, regardless of whether they receive treatment.

Massage Therapy is \$40.00 for a 30 minute, \$50.00 for a 45 minute or \$67.00 for a 60 minute appointment. Massage Vouchers are available for purchase.

MEDICAL INSURANCE

You will need to contact your insurance provider to establish if your osteopathic treatment is covered. In most cases a receipt of payment is all that is required.

ACC INFORMATION

Osteopathic practitioners at Hogan Osteo Plus are ACC registered.

- Practitioners can apply for ACC by filing a ACC 45 'Injury Claim Form' You should receive a confirmation letter from ACC within two weeks, please let the receptionist know if this does not occur. Please note, that if ACC decline your claim for any reason, you are liable for paying the difference between the ACC surcharge and Private Charge (about \$20/visit).
 - Patients already covered by ACC need to bring in their ACC details. If the date of injury is more than 12 months prior you do not automatically qualify for subsidised treatment even if you have been referred by your GP. An ACC 32 'Request for Additional Treatment' must be completed and treatment not covered by ACC until the date of approval.
 - ACC can help with travel costs, if you travel more than 80 kilometres within one calendar month to attend treatment. Taxi fares can also be claimed in some circumstances, please discuss this with the receptionist
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HERB-DRUG INTERACTIONS

Herbal supplements can have both beneficial and harmful effects on other drugs and medications. Please advise your practitioner of any medication you are currently taking. A chart of potential interactions can be found on the coffee table in the waiting room, and a copy is available on request.

CONSENT FORM

Title: _____ Date of Birth: _____

Full Name: _____

If you are known by any other name please state:

Address: _____

Please provide a recent previous address if applicable **or** Next of Kin Contact details:

Please tick to indicate preferred method to receive appointment reminders;

E-mail: _____

Home Ph: _____

Work Ph: _____

Cell Ph: _____

Cell Text: _____

G.P: _____

How / through whom did you hear about this clinic:

Occupation: _____

I confirm that I have read and understood "What to Expect" and consent to being treated in the manner described.

I confirm that I am responsible for payment of fees. I understand I will be charged a \$40.00 cancellation fee for Osteopathic or Massage Treatment if I fail to notify Hogan Osteo Plus within 24 hours that I cannot attend my appointment or fail to make my appointment.

I am aware that debt collection fees may be charged if I fail to pay my account in a timely manner.

If my practitioner becomes unavailable at short notice due to sickness or unforeseeable circumstances I am happy for my appointment to be rescheduled or to see another practitioner.

I understand that my personal medical information will be held confidentially at the premises of Hogan Osteo Plus. A report on my treatment, condition, progress, diagnosis may be forward to my General Practitioner, surgeon, ACC or other provider as requested. I consent to my NHI number being accessed for medical purposes so that investigation results can be electronically transmitted.

To the best of my knowledge the information I have provided is accurate and true:

Signed: _____

Date : _____

If Under 15 years age, this consent form must be signed by a Parent/Guardian/Caregiver. It is also clinic policy that wherever possible the child has a support person in the treatment room.

Hogan Osteo Plus
273 St Hill Street Wanganui,
Ph 06 349 0060, Fax 06 347 6587,
E-mail info@hoganosteoplus.com