

ACTIVE HEALTH CONSENT FORM - SHGC



Full Name* _____ **Preferred name** _____
Date of Birth* _____ **Sex (circle)** M / F / Other _____
Address* _____
Email* _____ **Phone*** _____
GP/Medical Practice _____ **Ethnicity** _____
Occupation _____ **Employer** _____
Employer Address: _____

Are you off work with a Medical Certificate? Y / N **Work Intensity:** Sedentary Light Med Heavy Very Heavy

If you have any cultural considerations you would like us to be aware of, please let us know:

HEALTH HISTORY - Please mark the box beside any condition that you have currently have:

<input type="checkbox"/> Hearing impaired/Aid	<input type="checkbox"/> HIV or Hepatitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Cancer	<input type="checkbox"/> Artificial implants	<input type="checkbox"/> Long-term medication
<input type="checkbox"/> Other Health Considerations or Allergies – please specify:			

ACC – if non ACC, please leave blank (Please note only ACC conditions are treated at the SHGC onsite clinic)

ACC Claim # (if you have one already)	Date of injury:	If you have had physio for this claim, please specify how many sessions:
Place of injury: <i>(eg, home, work, road)</i>	Location: <i>(eg, Hamilton, Christchurch)</i>	Is this a work related injury? Y / N
How did the injury happen? (What you were doing and what part of body is injured)		Are you a business owner? Y / N <i>(if yes, please provide business name)</i>

Consent for Treatment

- I hereby give my consent for Active Health to assess and treat me, provided a full verbal explanation is given at the time of consultation. I have a right to decline any or all treatment offered to me at any time. I understand the consultant may discuss my case with other medical professionals involved in my care in line with their multi-disciplinary approach, including my GP or Specialists. If I receive preferential corporate rates, Active Health may confirm my employment status periodically. I approve communication with me via the email address provided and with medical professionals through email or electronic medical referral systems.

Cancellation Policy

- I understand that if I am unable to attend an appointment, I should notify Active Health Waikato as soon as possible so the appointment can be offered to another student. Repeated missed appointments without notice may result in future bookings being limited or required to be made through a parent/caregiver.

Agreement to Pay

- I understand there is no consultation charge for ACC-covered injuries treated at the Sacred Heart Girls' College clinic. If ACC declines the claim, I agree to be responsible for the cost of treatment. Any recommended items (e.g. braces, supports or strapping/tape) are optional and will be discussed with and approved by the caregiver prior to purchase, with costs payable by the caregiver. If follow-up treatment occurs at the Active Health Waikato main clinic, standard clinic fees and policies will apply. Where payment is required and not received, I may be liable for any recovery costs incurred.

Data Collection

- I agree for video, photos, and data to be collected to help track my progress during rehab. Where possible, identifying features will be avoided, but this can't always be guaranteed. All information will be safely stored on secure cloud servers, and only your healthcare team can access it. I also give permission for my data to be used (without naming me) for research, reporting, and improving care for others with similar needs.

Consent for clinicians to use AI transcription software

- Please tick this box if you **do not want AI transcription software to be used** during your consultation. During your consultation, clinicians may use Heidi transcription software, compliant with the Privacy Act 2020. For more information, please contact our reception team.

Privacy, Communication & School Liaison

- I consent to the physiotherapist contacting a parent/caregiver regarding injury details, treatment, or follow-up if required. I also consent to relevant information being shared with appropriate Sacred Heart Girls' College staff as needed to support my child's safe participation at school (e.g. activity restrictions or return-to-sport guidance). Only necessary information will be shared & a copy of any information will be sent to the student & caregiver.

News & Updates

- I wish to opt in to receive news, updates, and information about services from Active Health. I can unsubscribe at any time.

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/or witnesses to the accident).

By signing this consent form, I understand and agree to the terms and conditions outlined above relating to 'Consent for Treatment, Cancellation Policy, Agreement to Pay, Data Collection, Consent for A.I, Privacy Communication & School Liaison, News & Updates, Declaration, and Authorisation'.

Signature: _____ **Date:** _____

If under 16 years of age, the above must be signed by parent/guardian. Please provide details below:

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Phone

email:

Parent/Caregiver Full Name:



**Active
Health**

