

# F A Q



When is the clinic open at Sacred Heart?

Tuesdays and Fridays, between 9am-noon.

What does it cost to see the Physio?

ACC covered injuries: \$20 per session.

Please note usually only ACC covered injuries are seen at the Sacred Heart Clinic.

If you are unsure if it is an ACC injury please phone Active Health, Thomas Road Clinic, they will assist you, 07 853 7096.

What are the payment options?

Cash or bank deposit prior to, or on the day of treatment. No Eftpos is currently available.

Does Active Health lodge ACC Claims?

The Active Health Physio can do all the ACC paperwork during the first appointment – so long as the injury is a result of a specific accident or incident. (This can be due to sport or non-sporting related events).

My daughter already has an ACC Claim from our doctor or other health professional – What do I do?

Please provide a copy of the ACC form (if you have it) or any other related paperwork at the first appointment.

How do I cancel or change an appointment?

Please call our Thomas Road Clinic on 07 853 7096 or email [thomasrd@activehealth.co.nz](mailto:thomasrd@activehealth.co.nz)

At least 24 hours' notice for appointment changes is preferred.

## How do I arrange an appointment?

**Complete the Consent Form.** Students must obtain signed consent from their parent/caregiver before treatment can commence to ensure everyone is aware of the applicable charges. The Consent Form can be picked up outside The Physio Room, Sports Office or at the Student Centre. It is also included on the next page if you wish to print it now.

Ensure your daughter takes the signed form to her appointment. Without it, she will not be able to have her initial treatment.

**Book an Appointment.** Simply take a photo of the QR code on the Consent Form and you'll be directed to the online booking site.

Or click on this link:

[https://nzappts.gensolve.com/active\\_health\\_waikato/site/details/sacred\\_heart\\_girls\\_college](https://nzappts.gensolve.com/active_health_waikato/site/details/sacred_heart_girls_college)

Please follow these steps:

1. In the top right drop down box choose either:
  - a. 'SHGC ACC Initial' – if it is the first appointment at SHGC for the injury
  - b. 'SHGC ACC Follow Up Consultation' – if seen before
2. Choose a booking time from the available options.
3. You will be asked to register if you have not logged in before.  
Once you have completed the registration which will ask for your name, DOB, email address and mobile number you will come to a confirmation page – add any notes to the booking (like injury site).
4. Then click 'Confirm Booking' (you will be asked to do this twice).
5. You will be sent an email confirmation of your booking.

You can also call the Thomas Road Clinic on 07 853 7096 to make an appointment.

## Who do I contact if I have more questions?

For more information about this service please do not hesitate to contact the Thomas Road Clinic on 07 853 7096 or [thomasrd@activehealth.co.nz](mailto:thomasrd@activehealth.co.nz)

## THE PHYSIO ROOM - SACRED HEART GIRLS COLLEGE



Dear Parent/Caregivers,

Active Health provides physiotherapy at SHGC on Tuesdays and Fridays, 9am-noon.

Fees Payable are: **ACC**  
 Initial Assessment \$20  
 Follow up Consultation \$20 Additional charges may apply for materials eg. tape

Payment is due at the time of treatment (Cash or Bank Deposit) unless otherwise arranged. A \$10 account fee may apply  
 Account details are: **BNZ; Active Health Waikato LTD; Account Number 02-1268-001127-00**

### SECTION 1 – PERSONAL INFORMATION – PATIENT

\* Compulsory Fields

Title:*	Address:*	
First Names:*	Postcode:	
Preferred Name:		
Last Name:*	Mobile:*	
Date of Birth:*	Email: *	
Ethnicity: * (Eg NZ European, Māori Etc)	Occupation:	
GP/Medical Practice:		

### SECTION 2 – GENERAL HEALTH QUESTIONNAIRE

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Physical Disability  | <input type="checkbox"/> Heart Problem  | <input type="checkbox"/> Hearing/sight impaired | <input type="checkbox"/> Asthma/Respiratory/Breathing   |
| <input type="checkbox"/> Pregnant   | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Hep C / HIV            | <input type="checkbox"/> Artificial Implants            |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Cancer         | <input type="checkbox"/> Pacemaker              | <input type="checkbox"/> Allergy (Please Specify) _____ |
| <input type="checkbox"/> Circulation/Vascular Problem <input type="checkbox"/> Other (Please specify) _____ |   |   |   |

### SECTION 3 – ACC – “How did the injury happen?”

Is this an ACC Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	ACC 45 or Claim #:	Date of Injury:
Have you had physio on this claim? <input type="checkbox"/> Yes (Please specify how many) <input type="checkbox"/> No	Time of Injury:	PLACE OF INJURY: (eg Home, Work, School, Road etc)
Location: (eg Hamilton)	How did the injury happen? (Describe what you were doing and what part of the body is injured)	

**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).

**PARENT/CAREGIVER:** Please give your consent by signing below. This form must be given to the Physio AT THE FIRST appointment. If this is not signed, treatment cannot go ahead. The Physio will advise the student of the number of expected treatments after the first consultation.

I GIVE CONSENT for (student) \_\_\_\_\_ to have treatment and I agree to the above co-payment for each treatment.

Parent Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Ph: \_\_\_\_\_

Email: [thomasrd@activehealth.co.nz](mailto:thomasrd@activehealth.co.nz) Clinic Ph: 07 8537096 Web: [www.activehealth.co.nz](http://www.activehealth.co.nz)



**Now Book Here**  
 Take a pic, you'll go to  
 the online booking site!