## **HEALTH AND WELLNESS CENTRE**



# **Curtin Physiotherapy Clinic Referral**

## Date:

Client Details									
Title: Surname:			Given name/s:					Preferred name:	
DOB: Birth Sex: ☐ Female ☐ Male ☐ Prefer not to state									
Gender: Pronouns:									
Are you of Aboriginal or									
Torres Strait Islander		☐ Aboriginal ☐		l Torres Strait Islander		□ Both A	Aboriginal and Torres Strait Islander		
Origin? Address:									
Telephone: Mobile: Email:									
English as a Second Language:			□ No □ Yes, Preferred Language:						
Parent/Guardian (if applicable):			Relationship:						
Emergency Contact/Next of Kin									
Name: Relationship to Client:									
Contact Number:			Email:						
Referrer Infor	mation								
☐ Self-Referral (if self-referring, please proceed to "Referral Details" section)									
☐ Health Professional/Other (please complete the following details)									
Consent for Referral to Clinic Obtained: ☐ Yes ☐ No									
Name:									
Service/Organ	nisation:								
Address:									
Contact Numl Email:	per:								
Referral Deta	ilc								
Reason for referral:									
Please provide relevant medical history, including medications:									
Frankistis Citaria									
Exclusion Criteria  Please note Curtin Physiotherapy Clinic is a musculoskeletal physiotherapy service. We do not currently accept referrals for:									
Neurological conditions  Neurological conditions									
☐ Cardiopulmonary conditions									
☐ Injuries subject to a compensation claim e.g. motor vehicle injury, work injury, etc.									
☑ Medicare/DVA/Private Health Rebate Services (students are not eligible for provider numbers)									
⊠ Children under 10 years									
Please send completed Referrals to:									
	linics404@cur				Telephone	one: (08) 9266 1717			
Please note that the Clinics are student-led so not all referrals are appropriate for a student learning environment. Contact us if									

## HEALTH AND WELLNESS CENTRE



### **About the Clinic**

The Physiotherapy Clinic at the Curtin Health and Wellness Centre is a student-led service providing musculoskeletal physiotherapy services. All services are provided by students in their final years or completing postgraduate studies and are supervised by experienced physiotherapists.

Treatments are based on the latest evidence and are regularly reviewed and updated.

We can treat a variety of conditions including back and neck pain, joint and arthritis issues, sports injuries, and rehabilitation following surgery or injury.

Fees					
Item	Fee				
Initial consultation	\$20.00				
Follow-up consultation	\$20 .00				

**Please note:** Our fees are already discounted and there is no additional discount for concession card holders. We are unable to provide any Medicare, DVA, compensation claims or private health rebates as student services are not eligible for claiming. Payment for individual consultations is required by Eftpos on the day of the appointment. Payments can also be made through our online payment platform, Curtin e-Pay.

The Physiotherapy Clinic reserves the right to review the fees charged.

### **Clinic Location and Contact Details:**

Address: Curtin Health and Wellness Centre, Building 404, Brand Drive, Bentley.

**Telephone:** (08) 9266 1717 **Fax:** (08) 9266 3679

Email: curtinclinics404@curtin.edu.au

### Parking:

Free Clinic parking is available for clients attending the Health and Wellness Centre from outside of the Bentley campus. Clients external to Curtin can park in the Clinic's marked Reserved Parking bays in Car Parks PF2 & PF3 for the duration of their appointment.