

# Health Check for REMEDIAL REPORTS

## Intake form

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Contact number/s \_\_\_\_\_
- Date of birth \_\_\_\_\_
- Emergency contact \_\_\_\_\_
- Primary Healthcare provider \_\_\_\_\_
- Gender (Medibank and ahm) \_\_\_\_\_

## Pre-treatment notes

- Relevant health history \_\_\_\_\_
- Medications check \_\_\_\_\_
- Presenting conditions \_\_\_\_\_
- Treatment goals \_\_\_\_\_
- Previous treatment outcomes \_\_\_\_\_
- Consent for treatment \_\_\_\_\_
- Baseline assessments (min 2) \_\_\_\_\_

## Treatment notes

- Date of the service \_\_\_\_\_
- Providers name and signature \_\_\_\_\_
- Techniques used \_\_\_\_\_
- Body parts worked on \_\_\_\_\_
- Re-assessment findings (X2) \_\_\_\_\_
- Ongoing treatment plan \_\_\_\_\_
- Additional findings \_\_\_\_\_

## Every Report MUST..

- Be signed \_\_\_\_\_
- Be Legible \_\_\_\_\_
- Be in English \_\_\_\_\_
- Be reproducible \_\_\_\_\_
- Be interpreted by a third party \_\_\_\_\_
- Stored appropriately \_\_\_\_\_
- Kept for 7 years \_\_\_\_\_