

# MOTUM FOR ARTHRITIS *more than a yoga or pilates class*

Please complete the sections below and return to Arthritis SA via email to [hydro@arthritissa.org.au](mailto:hydro@arthritissa.org.au) or post to 111a Welland Avenue, Welland SA 5007

Title:	First name:	Last name:	
Address:		Suburb/Town:	
State/Territory:	Postcode:	Date of Birth: ____ / ____ / ____	
Phone (h):	Mobile:		
I prefer to be contacted via (please tick one): <input type="checkbox"/> Email <input type="checkbox"/> Phone			
Email address:			
Emergency contact name:		Emergency contact phone:	
Do you have private health insurance? You may be eligible for rebates! <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurer name:		Member number:	
<b>MEDICAL INFORMATION</b>			
Please tick which type of arthritis you have and where it is located in your body:			
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Gout	<input type="checkbox"/> Ankylosing spondylitis	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Psoriatic arthritis	<input type="checkbox"/> Other: _____	
<b>It affects my:</b> <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulders <input type="checkbox"/> Wrists			
<input type="checkbox"/> Fingers <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Ankles			
<input type="checkbox"/> Feet <input type="checkbox"/> Other: _____			
<b>Can you?:</b>			
Get on and off the floor independently*? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you weight bare through your wrists*? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>**please note you will need to be able to do both to participate in the program.</i>			
<b>Have you been diagnosed with any of the following? If so, explain:</b>			
<input type="checkbox"/> Broken bone(s)	<input type="checkbox"/> Regular joint pain	<input type="checkbox"/> Migraines/headache	<input type="checkbox"/> Stroke
<input type="checkbox"/> Sprain(s)	<input type="checkbox"/> Regular back pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dislocation(s)	<input type="checkbox"/> Osteoporosis/osteopenia	<input type="checkbox"/> Chronic fatigue	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Reoccurring injury	<input type="checkbox"/> Hormone abnormalities	<input type="checkbox"/> Excessive stress	<input type="checkbox"/> Cancer
<input type="checkbox"/> Surgery	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Respiratory issues
<input type="checkbox"/> Muscle tightness	<input type="checkbox"/> Other: _____		
<b>Please provide more details on the above:</b>			
_____			
_____			
_____			

## PHOTO RELEASE AND WAIVER

I, \_\_\_\_\_ give permission to Physio Smart and Arthritis SA staff to video record and photograph any Motum for Arthritis class I attend for the purpose of 1) Clinical Record/Assessment, 2) Student Education, 3) Post-Graduate Education, 4) Research and/or 5) Promotional Purposes (Instagram, Facebook). I understand that I may not withdraw my consent once photos or videos have been taken as once posted on social media it is impossible to remove all traces. I understand that the information may be used publicly but my identity will be kept confidential. I declare that I am over the age of 18 years.

*Parent of Guardian (if under 18 years old)*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (the "Patient") agree to abide with and obey all regulations now in force or in the future prescribed by the physiotherapists at Physio Smart during the course of the assessment and treatment. I understand that I will be voluntarily participating in Motum for Arthritis Classes, and I assume all risks of injury that may result from the receipt of these classes. I hereby waive and release Physio Smart and Arthritis SA and its employees and subcontractors from claims of any nature or kind that I may have against Physio Smart with respect to injury sustained, or loss/theft of personal property in respect of the facilities operated by Physio Smart and Arthritis SA. I acknowledge that I have read the above consent and have had the opportunity to ask questions about its content. This consent will cover the physiotherapy assessment and entire course of treatment.

*Parent of Guardian (if under 18 years old)*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Once your forms have been received by Arthritis SA, Physio Smart will be in contact with you to arrange your assessment.

For all queries, please call Arthritis SA on 8379 5711 or email [hydro@arthritissa.org.au](mailto:hydro@arthritissa.org.au).

All classes will be held at the Arthritis SA Welland premise 111a Welland Avenue, Welland 5007 (first office in the complex).

### How did you hear about Motum for Arthritis?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Facebook (Arthritis SA)  | <input type="checkbox"/> Arthritis SA e-news | <input type="checkbox"/> Friend/family       |
| <input type="checkbox"/> Instagram (Arthritis SA) | <input type="checkbox"/> Referred by Physio  | <input type="checkbox"/> Arthritis SA e-news |
| <input type="checkbox"/> Facebook (Physio Smart)  | <input type="checkbox"/> Referred by GP      |  |
| <input type="checkbox"/> Instagram (Physio Smart) | <input type="checkbox"/> Other: _____        |  |

