



Craig Small Physiotherapy

Registered Physiotherapist

PR No: 0407267

St David's Marist Inanda • 36 Rivonia Road, Inanda, Sandton, 2146

Tel: 060 564 6705 • Email: craig@craigsmall.co.za

Patient Details

Surname: _____

First Name: _____

Date of Birth: _____

ID number: _____

Telephone: _____

Cell: _____

Next of Kin: _____

Account Details: (person responsible for the account)

Surname: _____ Initials: _____ Title: _____

Postal Address: _____

Residential Address: _____

Tel work: _____ Home: _____ Cell: _____

Email Address: _____

Fax Number: _____ ID Number: _____

Medical Aid Details:(Please print/email medical aid card, both sides on arrival for appointment)

Medical aid name: _____ Number: _____

Name of main member: _____

NB: Do you/have you suffered from the following conditions: Wear pacemaker, Diabetes, Allergies, Epilepsy, Haemophilia, Cancer, HIV or Hepatitis B, other.

Please Specify: _____

Treatments will range between 30-40 mins and may require exposure of certain parts of the body. Privacy and confidentiality will be honoured at all times. Accounts will be sent via email. Please make payments via electronic transfer to the account details provided on the account. There will also be point of sale available should you wish to pay by card. If you are member of a medical aid society besides discovery, you urged to submit accounts together with payment confirmation immediately, as societies are entitled to reject claims that are timeously received. I, the undersigned understand that I am responsible for the account. I understand certain body parts will be exposed and give consent to physiotherapy evaluation and treatment. I undertake to be liable for overdue interest, all legal costs between attorney and client as well as tracing and collection fees due, should it be necessary for legal action to be taken for the recovery of any amounts arising out of treatment received by the above patient.

Signed: _____

Date: _____