

THE PRACTICE

WELLBEING CENTRE



Ms Milena Atanassova

Consent Form

Practitioner Tiana Quaife
Appointment 5 Mar 2024, 4:30PM
Completed 14 Feb 2024, 11:35AM

Consent Form

First Name Milena

Last Name Atanassova

Gender Identity

- ☒ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Other

Full Address Unit 5/19 Ampthill St
Highgate Hill QLD 4101

Mobile Number 0490850905

Date of Birth 23/06/1989

Email milena.atanassova@connect.qut.edu.au

Are you a

- ☐ Torrens Student
- ☐ Torrens Staff
- ☐ Concession
- ☐ Student
- ☒ Other

Name of person in case of emergency Bistra 0403465539

Relationship to client Sister

How did you hear about The Practice Wellbeing Centre

- ☒ Referred by a friend
- ☐ Social Media
- ☐ Marketing Campaign
- ☐ Other

I give my permission to contacted via SMS
or email for appointment reminder

☒ Yes
☐ No

Do you agree to being sent marketing
material, promotions, newsletters?

☐ Yes
☒ No

Signature

Milena Atanassova

Date

14 Feb 2024

Name of Parent/Guardian if under 18

Client Health Questionnaire

What is the main reason for today's visit?

Post SSRI energy levels and withdrawals + low B12

Please list any medically diagnosed
conditions here:

Discontinued SSRI use in Sept/Oct 2023. SSRI treatment for mild depression prescribed by GP during episode of depression in 2022.

Are there any other health issues that we should be aware of?

Allergies

☐ Yes
☒ No

Food Intolerances

☐ Yes
☒ No

Heart Condition/High Blood Pressure

☐ Yes
☒ No

Medical Devices/Implant/Joint
Replacement

☐ Yes
☒ No

Diabetes

☐ Yes
☒ No

Liver or Kidney Disease

☐ Yes
☒ No

Vegetarian/Vegan

☐ Yes
☒ No

Pregnant (or chance of pregnancy)

☐ Yes
☒ No

Breastfeeding

☐ Yes
☒ No

Medications/Supplements

List all medications or natural remedies you are currently taking (incl. Panadol, OCP etc)

Brand & Name Estelle (contraceptive pill)

Dose (how much and how often) Daily - 1 pill Estelle

Reason for taking Pill for contraception

Since when? Pill - approx 10 years

Declaration: I understand that whilst I am not obliged to provide any information, failure to provide full health details requested above or during consultations may compromise the quality of treatment provided.

Client Signature

Milena Atanassova

Date 14 Feb 2024

Parent/Guardian signature if client is under 18 years of age

Please read the following and sign to indicate your understanding and declaration of consent:

- I am aware that this is a student teaching clinic and consent to the clinical assessment and treatment by student practitioners under the supervision of a qualified practitioner.
- I understand that at times the clinical supervisor may be observing, commenting or demonstrating during the consultation and/or treatment and that other students may also be observing during consultations in the room and via live streaming.
- I understand that in order that the student obtain as much experience as possible it may not always be possible to be seen by the same student practitioner at return visits.
- I understand that information provided during the consultation process may be used for training purposes by clinic students and staff and that all identifying details will be omitted in these instances to ensure patient confidentiality is maintained.
- I understand that physical therapy treatments may require an appropriate level of disrobing in order to carry out the appropriate treatment and that during physical therapy treatments every effort will be made to make my experience as comfortable as possible and I will communicate any concerns or discomfort that I experience immediately.
- I understand that treatment conducted at The Practice Wellbeing Centre does not take the place of medical treatment where needed and it is my responsibility to inform the student practitioner of any illnesses, injuries, medical conditions or procedures and any other information regarding my health.
- I understand that my file notes will be available to each student practitioner I attend for treatment across all the modalities.
- I understand that whilst I am not obliged to provide any information, failure to provide full health details requested during consultations may compromise the quality of treatment provided.
- I understand that a 50% cancellation or no show fee may apply. The no-show policy allows for three instances and may result in suspension from the clinic for a year.
- I hereby acknowledge the terms and conditions of consultation and treatments at The Practice Wellbeing Centre as stated above and that

information provided on this form is accurate, current and will be maintained in accordance with the Health Records Act (2001), National Privacy Principles and the Privacy Act (2001).

- I understand that I should notify my treating practitioners at The Practice Wellbeing Centre prior to undertaking more than one treatment modality on a single day.

Client Signature

Milena Atanassova

Date

14 Feb 2023

Parent/Guardian signature if client is under 18 years of age