

PATIENT DECLARATION FORM

FIRST NAME:	SURNAME:
PREFERRED NAME:	DATE OF BIRTH:
ADDRESS:	POST CODE:
SUBURB:	OTHER: (b) (h)
MOBILE:	INDIVIDUAL #: 00 / 01 / 02 / 03 / 04 OTHER:
EMAIL ADDRESS:	YOUR OCCUPATION:
EXTRAS FUND:	
GP NAME& SUBURB:	

REASON FOR VISIT: TICK ALL THAT APPLY

- GP Referral with Chronic Care Plan*
- Medical Specialist / Allied Health
- Friend or Family Recommendation
- Website

Date: _____
 Name: _____
 Name: _____
 Search Term: _____

Gait & Biomechanical Assessment <input type="checkbox"/>	Orthotic Assessment <input type="checkbox"/>	Footwear Review <input type="checkbox"/>
Second Opinion <input type="checkbox"/>	Injury Diagnosis <input type="checkbox"/>	Running Analysis <input type="checkbox"/>
Non-Surgical options for pain / injury <input type="checkbox"/>	Balance, stability, alignment <input type="checkbox"/>	Flat Feet <input type="checkbox"/>
My wife / mum made me <input type="checkbox"/>	Not Sure <input type="checkbox"/>	

I currently use Orthotic Devices: Yes No WEIGHT: _____
 I think I need orthotics: Yes No Not Sure SHOE SIZE: _____

Relevant Medical History (illnesses, operations, medications, allergies etc)

Activities (including frequency & duration per week)

Please continue over the page...

Current Fee Schedule from 1 January 2026

Billing consists of consultation (004, 014) + items/investigations (221, 267, 118, 301) per Australian Podiatry Council and healthfund codes. We are unable to provide specific advice on health fund rebates and you should discuss any rebate concerns with your Fund. Payment is due at the time of consultation. **From 1 July 2018, a 1% (max.) surcharge applies to Mastercard/Visa transactions (inc. tap). Eftpos remains fee free.**

Initial Consultation (<60 minutes)	004 + 118	\$350
Consultation per <30 minutes	014	\$150
Annual Review <30 minutes	014 +118	\$195
Review 30-45 minutes		\$225
Longer appointments billable per 15 mins or part thereof.		
<i>Reports are available upon request</i>	412	\$25 per 5 mins (inc. GST)
If required: ORTHOTIC DEVICES		
Prescription Casted Devices	014,302x2,014,221 x2	\$910 Level 2 \$1000 Level 3
Duplicate Set*	014, 221x2	\$610 Level 2 \$700 Level 3
<i>(Prescription Devices should be reviewed every 12-18 months)</i>		
Simple Modified Devices (fitting & adjustments additional)	267 / 240	\$170-\$210
Insert Recover	231	From \$70
Telehealth fees apply for phone reviews >5minutes	404	\$25 per 5 minutes

*Please ask us for a copy if you would like a full Schedule for your records.
Fees subject are to annual CPI revision.*

CANCELLATION / MISSED APPOINTMENTS POLICY

If you or your dependents (when signing on behalf of a child) are unable to attend an appointment we must receive a minimum of 24h (1 business day) **notice by phone call to reception**. **A late cancellation charge of 50%+GST of the consultation fee does apply if < 24 hours notice is given. Missed / No Show appointments will incur a charge of 100%+GST of the consultation fee.** To assist you we do provide a SMS confirmation service, however you are still responsible for remembering your own appointments.

Advanced Gait Dynamics PL Declaration & Privacy:

Advanced Gait Dynamics Pty Ltd T/A Foot Physics states that the information provided will be stored according to the requirements of Federal Privacy Legislation and will only be passed on where appropriate to the problem for which you sought professional advice or when legally required. *Where appropriate report will be sent to your referrer & copied to you. Mobile phone & Email address details will be used for the purpose of confirming bookings and distributing relevant information regarding Advanced Gait Dynamics Pty Ltd.

I understand that video records will be taken during assessments, have read the above information, & agree to the above Terms & Policies:

Signed:

Date:

Minors under the age of 16 will only be assessed/treated in the presence of a parent or Legal Guardian unless previous written consent to consult/treat has been provided. Please provide consent below if you wish for your child aged 14-16 to attend appointments unaccompanied on occasion.

Please complete below if you wish to your child to attend appointments in your absence.

My child: (insert name) can be assessed by David Ferguson in my absence. I understand that full payment is due at the time of consultation unless prior arrangements have been made.

Parent / Guardian Name:

Signature:

Date: