PATIENT DECLARATION FORM

TODAYS DATE: _____

FIRST NAME: _____ SURNAME: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

MOBILE: _____ OTHER: (b) (h) _____

EMAIL ADDRESS: _____

EXTRAS FUND: _____ INDIVIDUAL #: 00 / 01 / 02 / 03 / 04 OTHER: _____

GP NAME& SUBURB: _____ YOUR OCCUPATION: _____

REASON FOR VISIT: TICK ALL THAT APPLY

GP Referral with Chronic Care Plan*	☐	Date:	
Medical Specialist / Allied Health	☐	Name:	
Friend or Family Recommendation	☐	Name:	
Website	☐	Search Term:	

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

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

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.

Initial Consultation (<60 minutes)	004 + 118	$365
Consultation per <30 minutes	014	$160
Consultation 30<45 minutes	014S	$240
Annual Review <30 minutes	014/S +118	$205/285
Longer appointments billable per 15 mins or part thereof.		
Reports are available upon request	412	$30 per 5 mins (inc. GST)
If required: ORTHOTIC DEVICES		
Prescription Casted Devices	014,302x2,014,221 x2	$1010 Level 2 $1080 Level 3
Duplicate Set*	014, 221x2	$690 Level 2 $760 Level 3
(*Prescription Devices should be reviewed every 12-18 months)*		
Simple Modified Devices (fitting & adjustments additional)		
Insert Recover	267 / 240	$170-$210
	231	From $70
Telehealth fees apply for phone reviews >5minutes		
Please ask us for a copy if you would like a full Schedule for your records.	404	$30 per 5 minutes
This fee schedule is valid from 27 July 2026.		

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 aboveTerms & 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:**