



New Patient Form

Madeleen van Eeden Biokinetics | BA Hons (Biokinetics) | HPCSA registered
Grip and Rip Fitness, 122 Danie Theron Street, Secunda | 082 659 0825 | kineticrehab@mweb.co.za

Please complete this form before your first appointment. Type into the boxes on your phone or computer and save it, or print it and fill it in by hand. Bring it with you, or email it to kineticrehab@mweb.co.za.

1. Your details

Full name and surname	Date of birth
ID or passport number	Occupation
Cellphone	Email
Home address	

2. Medical aid

Medical aid scheme	Plan / option	
Membership number	Dependant code	Main member's name

3. Emergency contact

Name	Relationship	Phone number

4. Referral (if any)

Referring doctor or practitioner	Their contact number

5. Reason for your visit

What brings you in? Where is the problem and how does it affect you?

When did it start?	Pain level today (0 = none, 10 = worst)

What would you like to achieve? (Your goals)



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6. Health history

Tick any that apply to you now or in the past:

- | | | |
|---|---|--|
| ☐ High blood pressure | ☐ Diabetes | ☐ High cholesterol |
| ☐ Heart condition | ☐ Chest pain or palpitations | ☐ Dizziness or fainting |
| ☐ Asthma or lung condition | ☐ Arthritis | ☐ Osteoporosis |
| ☐ Epilepsy | ☐ Currently pregnant | ☐ Smoker |

Other medical conditions

Current medication (name and dose)

Previous operations, injuries or fractures (with dates if you know them)

Allergies

How active are you now? (e.g. walk twice a week, no exercise)

7. Consent

- ☐ I confirm that the information on this form is correct. I consent to Madeleen van Eeden Biokinetics processing my personal and health information to assess and treat me, to communicate with health professionals involved in my care, and to submit claims to my medical aid.

Signature (or type your full name)

Date