



# MEDICAL FORM

## OFFICE USE ONLY

Evaluated By : \_\_\_\_\_

Patient file no. : \_\_\_\_\_

Evaluation Type:

Ortho  FWV  body Stat

Medical aid : \_\_\_\_\_

Medical aid no. : \_\_\_\_\_

Ref: DR/PHYSIO : \_\_\_\_\_

Diagnosis : \_\_\_\_\_

Sessions : \_\_\_\_\_

Evaluation Date : \_\_\_\_\_

Re-call Date : \_\_\_\_\_

Notes : \_\_\_\_\_

## PERSONAL INFORMATION

Title : \_\_\_\_\_

Surname : \_\_\_\_\_

Initials : \_\_\_\_\_

First Name(s) : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender :  Male  Female

ID Number : \_\_\_\_\_

Employer : \_\_\_\_\_

Occupation : \_\_\_\_\_

Residential Address : \_\_\_\_\_

P.O. Box : \_\_\_\_\_ Suburb : \_\_\_\_\_ Town : \_\_\_\_\_

### Contact Details:

Tel (House) : \_\_\_\_\_

Tel (Work) : \_\_\_\_\_

Cell No. : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Status :  Single  Married  Divorce  Others

Are you the main member of medical aid :  Yes  No

Relationship to main member :  Spouse  Son  Daughter

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_

Home Number : \_\_\_\_\_

Relationship : \_\_\_\_\_

Mobile Number : \_\_\_\_\_

## MEDICAL AID DETAILS

Medical Aid Name : \_\_\_\_\_ Scheme : \_\_\_\_\_

Medical Aid No. : \_\_\_\_\_ Dependent No. : \_\_\_\_\_

### Next of Kin:

Surname : \_\_\_\_\_ First Name(s) : \_\_\_\_\_

Tel: (H) : \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Patient Acknowledgment and Agreement for Services

I, the undersigned, hereby acknowledge and agree to the following terms and conditions with Pétros Biokinetics:

#### **Payment Responsibility**

I agree to take full responsibility for settling any outstanding amounts owed to Pétros Biokinetics within 30 (thirty) days from the date of service, should my medical aid either reject or partially reject any claims for services rendered. Should I fail to make payment within the specified period, I understand that the outstanding balance will be considered in default, and I may be subject to collection proceedings. Additionally, I acknowledge that my account may be reported to Revenue Solutions Namibia for collection purposes.

#### **Collection Costs**

I accept full responsibility for the payment of any additional costs or fees incurred as a result of collection efforts made by Pétros Biokinetics or its agents. These costs may include, but are not limited to, administrative fees, legal fees, and interest on overdue amounts, as permitted by law.

#### **Cancellation Policy**

I understand that if I fail to attend an appointment or cancel the appointment without providing at least 12 (twelve) hours' notice, I will be liable for the full cancellation fee as determined by Pétros Biokinetics. This fee may be charged to my account and is payable in accordance with the practice's billing terms.

#### **Risk and Liability Waiver**

I acknowledge that I have had the opportunity to fully discuss all relevant testing procedures, rehabilitation processes, and the potential risks involved with my Biokineticist. I understand and accept that the use of the facilities and equipment at Pétros Biokinetics is at my own risk. Pétros Biokinetics shall not be held responsible for any unforeseen accidents, injuries, or damages that may occur during my use of the facility or its equipment. I further agree that I will be held liable for any deliberate or negligent damage caused to the equipment or property of Pétros Biokinetics during my use of the facility.

#### **Indemnification**

I agree to indemnify and hold harmless Pétros Biokinetics, its employees, and agents from any claims, demands, or causes of action, including legal fees and costs, arising out of my use of the facilities, equipment, or participation in any services provided.

#### **Governing Law and Jurisdiction**

This agreement shall be governed by and construed in accordance with the laws of the Republic of Namibia. Any legal action or dispute arising from this agreement shall fall under the exclusive jurisdiction of the Magistrates Court of Swakopmund, Namibia.

**By signing below, I confirm that I have read, understood, and agree to the terms and conditions outlined in this agreement.**

Full Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

#### **More Information :**

📍 102, Libertina Amathila Avenue,  
Swakopmund, Namibia

📞 +264 81 683 5055

**THANK YOU**