

MEDICAL FORM

OFFICE USE ONLY

Evaluated By :	_____	Patient file no. :	_____
Evaluation Type:		Medical aid :	_____
<input type="checkbox"/> Ortho	<input type="checkbox"/> FWV	<input type="checkbox"/> body Stat	
Diagnosis :	_____	Medical aid no. :	_____
Evaluation Date :	_____	Ref: DR/PHYSIO :	_____
Re-call Date :	_____	Sessions :	_____
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 Péteros Biokinetics:

Payment Responsibility

I agree to take full responsibility for settling any outstanding amounts owed to Péteros 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 Péteros 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 Péteros 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 Péteros Biokinetics is at my own risk. Péteros 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 Péteros Biokinetics during my use of the facility.

Indemnification

I agree to indemnify and hold harmless Péteros 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