ROBOFIT BOOKING FORM

Welcome to RoboFit. Help us get to know you and how we can help you achieve your goals. If you have any questions contact our team on 1800 560 842
Please email completed form and your medical clearance to book in your first session

Name: ____________________ Date of Birth: ____________________

Address: ____________________

Phone Number: ____________________

Email Address: ____________________

Gender: __________ Height: __________ Weight: __________

Emergency Contact Name: ____________________

Emergency Contact Number: __________ Relationship to you: __________

How did you hear about us? ____________________

What is your diagnosis/condition? ____________________

Please provide details of diagnosis and condition?

What are your goals?

Medical History ☑ tick all that apply

- ☐ Blood Pressure Issues (Autonomic Dysreflexia, Vasovagal)
- ☐ Deep Vein Thrombosis.
- ☐ Seizures
- ☐ Pressure Areas: Current/previous
- ☐ Type I Diabetes
- ☐ Arthritis
- ☐ Osteoporosis/Osteopenia
- ☐ Type II Diabetes
- ☐ Epilepsy
- ☐ Pregnant (or trying to conceive)
- ☐ Lung Disease/disorders
- ☐ Asthma
- ☐ Previous other major injuries
- ☐ Mental health diagnosis
- ☐ Cigarette smoker
- ☐ Other (please specify):

How do you mobilise? ☑ tick all that apply

- ☐ Manual Wheelchair
- ☐ Electric Wheelchair
- ☐ Walking Frame
- ☐ Cane
- ☐ Mobililty Scooter
- ☐ Crutches
- ☐ Walk Independently

Transfers ☑ tick all that apply

- ☐ Hoist
- ☐ Slide Board
- ☐ Standing Transfer

Additional Mobility Information:

Name of Referring/Treating Doctor/ Specialist/ Allied Health Professional:

Funding Information

- [ ] NDIS
- [ ] Aged Care
- [ ] iCare
- [ ] State based compensation
- [ ] Privately funded
- [ ] Combination of above
- [ ] Unsure; can you give me a call
- [ ] Other... ______________________________

If accessing government funding please provide the Company name and contract details of your plan manager, support coordinator or care manager that is involved

Email address for invoicing

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Thanks for completing this form, if you have any questions for the RoboFit Team please reach out hello@robofit.com.au or 1800 560 842
Other supports you have in place and allied health professionals:
Once this form, your medical clearance form (completed by your GP) and any supporting documentation has been completed email a copy to hello@robofit.com.au

Are you a tappON member? If yes please provide your account email:

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Active tappON members receive a 5% discount on RoboFit services. If no, but want to learn more write your details below for us to refer you onto robofit@tappon.co. Visit https://tappon.co for more information:

SERVICE AGREEMENT

Upon signature of the Participant and submission to the Provider, this Client Registration Form shall evidence the Participant's intention to enter a legal relationship with the Provider.

The terms of this Client Registration Form and the Service Agreement shall form a binding agreement on the Participant and the Provider upon countersignature by an authorised representative of the Provider, unless this Client Registration Form is rejected by the Provider.

SIGNATURE ______________________________

DATE ______________________________