

PR NO. 0660000616966
554 LOUIS BOTH AVENUE
GRESSWOLD
2090

PLEASE COMPLETE THIS CONSENT FORM IN FULL

ATTENDEE'S DETAILS:

FULL NAME. _____

SURNAME. _____

CONTACT NUMBER. _____

ID NUMBER. _____

HOME ADDRESS. _____

NEXT OF KIN:

FULL NAMES. _____

SURNAME. _____

CONTACT NUMBER. _____

EMAIL ADDRESS. _____

RELATIONSHIP TO PATIENT: SPOUSE/ LIFE PARTNER/ MAJOR CHILD/ GUARDIAN/ CURATOR

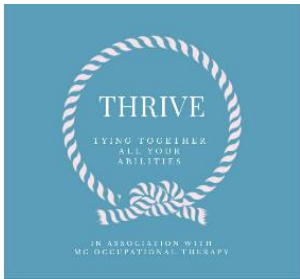
MEDICAL INFORMATION:

MEDICAL AID. _____ PLAN. _____

MEDICAL AID NUMBER. _____

TREATING DOCTOR. _____ CONTACT NUMBER. _____

IMPORTANT MEDICAL INFORMATION (DIAGNOSIS') AND ALLERGIES



PR NO. 0660000616966
554 LOUIS BOTH AVENUE
GRESSWOLD
2090

MEDICAL REPORTS ATTACHED (OPTIONAL)

TERMS AND CONDITIONS:

1. Every person that receives therapy in this practice has the right to confidentiality (this means your personal information will be kept private), unless consent is provided in writing that your information can be shared.
 - a. Information may be communicated with the doctor or nursing manager, as far as it is necessary and in the interest of the client.
2. Cost of services is R500 per week. An upfront payment of R2000 for a four week month period is required prior to attending the group therapy sessions. For the months of April, July and September 2020, an upfront payment of R2500 is required as the month consists of five weeks. Cost is inclusive of tea/coffee; 75minute Occupational Therapy Session and a 75minute Yoga session.
3. Cancellations for not being able to attend the group therapy sessions MUST be done one week in advance. This ensures accurate planning and allocation of resources necessary for the group therapy sessions. No reimbursement is available for sessions not attended except for if persons are admitted to hospital for treatment or there is a sudden death in the family.
4. THRIVE Group Therapy Sessions start at 9:00am to 12:30pm. All materials are provided.
5. All payments are to be paid by the 25th of each month, prior to attending the THRIVE group therapy sessions. Please use the following reference when settling payment: (*THRIVE, attendee surname*). All payments received after the 10th of the month will be charged an additional 10% of the payment due.
6. In consideration of using the premises for the group therapy sessions, I for myself, (name) _____, my heirs, personal representative or assigns, do hereby release, waive, discharge and covenant not to sue THRIVE; it's trustees; directors; officers; employers and agents for negligence, personal injury, accidents, or illnesses (including death) and property loss arising from the use of the premises.

By signing this you confirm that you understand this document, have asked relevant questions and agree to the terms and conditions.

BY SIGNING THIS I PROVIDE CONSENT FOR (name) _____ TO PARTICIPATE IN THE GROUP THERAPY PROGRAM.

SIGNATURE: NEXT OF KIN _____ DATE _____