



Brisbane Perpetual Motion Physiotherapy Pty Ltd  
Trading as BPM PHYSIO

Shop 4, 12 Blackwood Street  
Mitchelton, QLD, 4053

TEL: (07) 3061 8434  
FAX: (07) 3036 6383  
[info@bpmphysio.com.au](mailto:info@bpmphysio.com.au)

### SERVICE AGREEMENT NDIS

1. **BPM PHYSIO** will supply physiotherapy services to the client as clinically indicated at time of review and in accordance with (IAW) the clients specific needs and the detail of the clients plan
2. **BPM PHYSIO** will provide treatment sessions as follows: (circle)
  - a. 1/2/3 xweekly / fortnightly / monthly
  - b. 30 mins \$70/ 45 mins \$80 / 60 mins \$95
3. the client will present to **BPM PHYSIO** for the scheduled treatments and will undergo treatment in the presence of a allocated carer if required
4. the client will require ongoing weekly physiotherapeutic support for: (circle)
  - a. the maintenance of muscle mass, strength and conditioning
  - b. joint range of motion
  - c. decrease pain
  - d. improve function
5. this service agreement shall be reviewed yearly on the renewal date of the clients plan
6. problems or concerns and questions can be directed to the treating physiotherapist face to face, by email to [info@bpmphysio.com.au](mailto:info@bpmphysio.com.au) or by telephone (07) 3061 8434
7. clients responsibilities:
  - a. attend appointment at the correct time with a carer present at all times if required

PERSONAL INFORMATION IN CONFIDENCE

- b. provide 24 hours notice in the case of cancellation. In lieu of notice the full consultation fee is payable
  - c. advise **BPM PHYSIO** as soon as possible in the event of an adverse reaction to treatment
8. **BPM PHYSIO** will work with the participant to provide supports that suit their needs as clinically indicated IAW the clients goals. These supports will require written consent to be held on file and verbal consent to be obtained prior to each treatment.
9. in extreme circumstances (sick leave, bereavement etc) **BPM PHYSIO** reserves the right to substitute for another treating practitioner at the clinic should this be required. The client will always be notified and consent gained before handover to another clinician.
10. this service agreement can be terminated at any time in writing by email or mail.

I \_\_\_\_\_, hereby agree to the above service agreement. This agreement has been explained to me by my Carer (if applicable)\_\_\_\_\_.

**PLEASE SIGN BELOW**

**PARTICIPANT**

Sign	Date	Sign	Date
------	------	------	------

**Russ W Tolland**  
**Director and Principal Clinician**  
**BPM PHYSIO**  
**Brisbane Perpetual Motion Physiotherapy Pty Ltd**  
**ABN 18 620 028 926**

PERSONAL INFORMATION IN CONFIDENCE