Physio 1 to 1

Physiotherapy and sports injuries clinic

Welcome to Physio 1to1.

Before commencing assessment and treatment we need you to answer a few questions. These will allow us to give you the best possible treatment and avoid any contradictions to treatment. We are also legally required to ask you to sign the following consent form before we proceed with treatment.

Thank you.

Consent to Treatment and/or Pilates

Surname:		Date of Birth:	
First Name:		How did you hear about us?	
Home Address:			
		GP Name & Surgery Address (In the best interest of patient care, your GP would routinely receive a short note from us informing of your visit. Please let us know if you do not wish us to contact your GP)	
Phone Number 1:	Home/Work/Mobile	Consultant (if applicable):	
Phone Number 2:	Home/Work/Mobile	Health Insurance Company & Policy Number:	
Phone Number 3:	Home/Work/Mobile	E-mail Address:	(For clinic use only)

Please give 24 hours notice if you wish to cancel an appointment or a late cancellation fee will be charged. Non attendance of appointments will be charged at the full rate.

	(Please tick)
Have you read and understood our fees and cancellation charges?	Yes ❑ No ❑
Would you like appointment reminders?	Yes ❑ No ❑
If yes please indicate preferred method	Text ❑ Email ❑

I confirm that the information given above is correct and I consent to treatment.
I have been advised of the current fees for treatment including the late cancellation (less than 24 hours notice) and missed appointment fees. I agree to pay the appropriate fees following each appointment unless alternative arrangements have been made in advance.

Signed..... **Date**.....

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In order for us to assess the most suitable treatment, avoid contradictions, and ensure an efficient assessment please answer the following questions:
Have you ever had any of the following? (Please tick the relevant boxes)

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Anti-Coagulant Therapy (Blood thinning)	☐	Gynaecological Problems	☐	Car Accident	☐
Heart Conditions	☐	HRT (Hormone Replacement Therapy)	☐	Osteoporosis	☐
Pacemaker	☐	Diabetes	☐	Spinal Fractures	☐
Cancer	☐	Lung Problems	☐	Other Fractures	☐
Epilepsy	☐	Skin Problems	☐	TB	☐

(Please tick)

Have you had any operations? Yes ❑ No ❑
If yes please give details

Are you pregnant? Yes ❑ No ❑
If yes please give EDD

Are you currently seeing your GP for any other conditions? Yes ❑ No ❑
If yes please give details

Please list any medication you are currently taking: