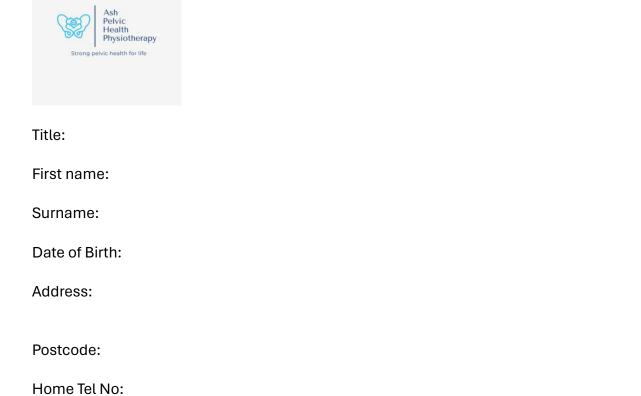
## Ash Pelvic Health Physiotherapy Registration and Consent Form



GP Practice Name:

Mobile No:

GP Name:

**Email Address:** 

Please note I require at least 24 hour's notice of cancellation and re-scheduling of appointments.

If this notice is not provided within the 24 hours the £25 deposit will be non-refundable in order to cover the cost of hiring the clinic room.

Consent: please read the statements below and sign if you agree

- I agree that I can be contacted by email and text for the purpose of appointment reminders and correspondence relating to my treatment.
- I agree to undergo physiotherapy assessment and treatment, which will be discussed with me as treatment proceeds.
- I understand that I can withdraw my consent at any time.
- I agree to allow my physiotherapist to write to my GP, Consultant about my course of treatment and outcomes.

Ash Pelvic Health Physiotherapy Registration and Consent Form

to access the records if requested.

Signed:	
Date:	
Please tick if you would like to be contacted with updates about our service or offers	

• I understand that my medical records will be held for 8 years and I have the right