

Ash Pelvic Health Physiotherapy Registration and Consent Form



Title:

First name:

Surname:

Date of Birth:

Address:

Postcode:

Home Tel No:

Mobile No:

Email Address:

GP Name:

GP Practice Name:

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.

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- I understand that my medical records will be held for 8 years and I have the right to access the records if requested.

Signed:

Date:

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