



H.E.Physiotherapy

Patient Registration Form

Name	
Date of Birth	
Address	
Telephone number	
Email address	
Consent to receive email appointment reminders	Yes / No <i>(delete as appropriate)</i>

Declaration

- I confirm I am aware and happy with the H.E.Physiotherapy fee schedule as listed on the website.
- I understand that I am liable for a cancellation fee of 50% of the appointment cost should I not attend my appointment without providing 24 hours written notice of not being able to attend.

- I understand that point of care diagnostic ultrasound is used as part of the physiotherapy assessment, where appropriate, and is not offered as a specialised diagnostic service.
- I understand that by attending this physiotherapy appointment this is deemed my consent that the physiotherapist may examine and treat me.

Signed

Date