**Client Consent Form**

**(Human)**

**Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | DOB |  |
| Contact Number |  |
| Email Address |  |
| Address |  |
| GP Name and Address |  |
| Brief Summary of Presenting Condition |  |

To ensure high standards of treatment and care **I will:**

* explain to you how physiotherapy can help you, including the benefits and risks associated with treatment.
* undertake an assessment prior to commencing any treatment and explain the results of this assessment to you.
* explain the treatment to be provided during each physiotherapy session.
* upon completion of treatment, appropriate management advice will be provided. A written discharge summary will be sent to your email if required.
* contact your GP with any concerns or underlying injury, disease or pathology after discussing my findings with you.

If, for any reason, you are unhappy about your treatment, **you:**

* should inform me immediately to see if the matter can be resolved informally.
* are entitled to make a complaint. Complaints are treated seriously, and your complaint will be dealt with promptly and professionally.
* can view your treatment record at any time.
* can refuse further treatment.

*I ­­give my consent for physiotherapy assessment and treatment by Hobbs Chartered Physiotherapy.*

Signed ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I agree to the terms and conditions on Hobbs Chartered Physiotherapy website.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_