

Consent Form

In order to treat you, we need to establish what you understand about osteopathy or physiotherapy and what expectations you have of treatment. Our leaflet explains that both therapies are hands on treatments which may require you to undress and if you wish to bring a chaperone, you are welcome, especially if there are communication difficulties or you are under 16 yrs old.

During the treatment we encourage you to feedback to us so we can tailor the treatment to you, which may include stopping if you wish. Although treatment has minimal side effects, you may feel tired afterwards and to maximise the effect of osteopathy and physiotherapy, it is a good idea not to plan activities which stress your body afterwards eg sport or heavy work.

Your practitioner will explain what they feel is the problem and how they propose they treat you and will give some indication of how many treatments are needed. **Manipulation, Mobilisation, Massage, Acupuncture, Electrotherapy** and **Exercises** may be offered and we ask you to let us know if you have any preferences. Your response to treatment depends on your condition, how long it has been a problem, and how much you help or hinder your progress at home: for example if you do your exercises regularly and avoid activities which aggravate your pain.

Please do ask questions if you are unsure of anything, no matter how silly you may feel, we have probably been asked it before!

Cancellation Policy: With respect to our staff and for other patients trying to obtain appts, we regret that we charge a £20 cancellation fee if you cancel an appt without giving 24hrs notice , and we may charge the full consultation fee if you miss an appt and have not cancelled.

Please sign this form to confirm you consent to examination and treatment. It also confirms you have read and understood this consent form, the explanation leaflet, the cancellation policy and have given us a full health history so we can make a safe and accurate diagnosis..

Thank you

Patient Signature Date.....

Clinic Use

Practitioner: I have explained the working diagnosis and plan of treatment and any risks and side effects of treatment and feel that manual treatment is a safe and appropriate therapy.

Practitioner signature Date