

Patient Contract for Physiotherapy Clients

Title..... First Name..... Surname

Date of Birth.....

Full Address & Postcode

Email.....

Tel.: Home.....Work/ Mobile.....

G.P.'s Name & Address.....

Please tick if you **DO NOT** wish us to give your diagnosis to your G.P. ()

How did you hear of the clinic? (Client Ref No.)

Condition / Symptoms

- | | |
|--|----------|
| Have you previously had treatment for the same condition? | Yes / No |
| Are you on any medication? | Yes / No |
| Are you suffering from any known illness or medical condition? | Yes / No |
| Have you had any X-rays for this complaint? | Yes / No |
| Do you have any known allergies? | Yes / No |
| Do you have abnormal skin sensations? E.g. numbness | Yes / No |

It may help us further to diagnose & advise on your injury if you would oblige us with the following information:

Job Title:

Hobbies / Sports Activities:

I agree to settle the cost of my treatment to Complete Health by paying on the day of treatment by Credit/Debit Card or Cash.

The cost is **£45** for the Initial Assessment session and **£45** for each further treatment session.

PLEASE NOTE THAT 24 HOURS NOTICE MUST BE GIVEN TO CANCEL OR ALTER A SESSION; FAILING WHICH A CHARGE OF £15.00 WILL BE PAYABLE

OFFICE USE

- I consent to treatment at **Complete Health** and I understand that I am responsible for the cost of such treatment. My name and address as shown above are true and correct.

GDPR

- We reserve the right to contact you via post, email, text message or phone in relation to appointment reminders, requests and other aspects of your care.
- Please tick the box to give consent for Complete Health to contact you as per the methods stated above.**
- I hereby consent to this information and any subsequent information pertaining to my examination and treatment to be retained and stored by this clinic (Complete Health Eastbourne). In accordance with the clinic privacy policy and the General Data Protection Regulation (GDPR)(EU) 2016/679.

Client signature..... Date.....

Parent or guardian (if client is under 16 years old)

