

Patient Registration Form

Patient Details

Title:	Name:
DOB:	Occupation:
Address:	
Town:	Postcode:
Telephone:	E-mail:
Referral Source:	
<input type="checkbox"/> May we keep you up to date via e-mail on our latest news & offers?	

Consent

I consent to the assessment and treatment recommended and performed by Hadleigh Physiotherapy Limited in accordance with the governing body's professional guidelines. This may include mobilisation, manipulation, manual therapy techniques, soft tissue massage, acupuncture, or electrotherapy modalities. I understand that before any treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at the time. By signing overleaf I am in agreement with these conditions.

Informing Your GP

It is good practice to keep your GP informed of all aspects relating to your health. Please complete the following information if you are happy for us to contact your GP.

<input type="checkbox"/> I agree <input type="checkbox"/> I would prefer to receive any information personally
GP Name:
Address:

Medical Conditions

Do you have any medical conditions the clinician is required to know about, such as, Diabetes, Epilepsy, Heart Conditions, High Blood Pressure, Allergies, Asthma, Cancer, Depression, Pace Maker, Metal Implant?

<input type="checkbox"/> Please tick if you have any medical conditions and note them below:

Payment Details

Please indicate how you'll be paying your fees today:

Cash Cheque Card Pingit/Paym BACS Medical Insurance Third Party

If your treatment is covered by a Medical Insurance or Third Party, please fill in the required details below:

Medical Insurance	Third Party
Insurance Company Name:	Third Party Name:
Membership No:	Reference No:
Authorisation No / Claim No:	Contact Details:

I understand and accept that it is my responsibility to ensure prompt settlement of any fees and not that of a medical insurance company or third party and if, for whatever reason, my medical insurance company or third party do not pay my fees within 60 days I will be asked to pay Hadleigh Physiotherapy Limited directly. By signing below you are agreeing to these conditions.

Cancellation Policy

Clients who book appointments at Hadleigh Physiotherapy Limited are required to give 24 hours advanced notice of their inability to attend, otherwise they will be charged in full for the appointment they fail to attend. This policy is deemed necessary to avoid denying appointments to patients who may be on the waiting list.

Data protection

All information collecting during the course of your assessment and treatment at Hadleigh Physiotherapy Limited will remain strictly confidential under the terms of the Data Protection Act.

Name:

Signed by: Patient Parent Guardian

We do offer a chaperone service. If you would like a chaperone, please tick here

Date:

Signature: