

## Patient Registration Form

### Patient Details

Title:	Full Name:		
DOB:		Occupation:	
Address:			
Town:			Postcode:
Home Phone:		Mobile:	
Email:			
Referral Source:	Word of Mouth / Advertising / Web Search / GP / Consultant / Trainer / Other:		
<b>Emergency Contact:</b>		Relationship to you:	
Name:		Contact No:	
<input type="checkbox"/> May we keep you up to date via email 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 agree 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?

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

Card

BACS

Cheque \*

Insurance

3<sup>rd</sup> Party

\* A surcharge of £1.50 will be added to invoices paid by cheque

If your treatment is covered by a Medical Insurer 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:

## Cancellation Policy

Please note that a discretionary 100% cancellation charge will apply if you fail to give 24 hours' notice of cancellation or if you fail to attend an appointment. This policy is deemed necessary to avoid denying appointments to patients who may be on the waiting list.

## Data Protection

All information collected during your assessment and treatment at Hadleigh Physiotherapy Limited will remain strictly confidential under the terms of GDPR laws. I have read the Hadleigh Physiotherapy Privacy Policy and by signing below agree to the collection and use of information in accordance with this Policy.

## Declaration

I, the undersigned, acknowledge and agree to full and final responsibility for the settlement of my account notwithstanding any agreement to settle my account by a third party.

Full Name:

Signature:

Date:

Signed by:  Patient  Parent  Guardian

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