

MOVE & IMPROVE

Name: _____

Date: _____

Patient Consent Information

1. Prior to your first appointment it is important that you read the information below so that you have the information required to give informed consent.
2. Informed consent is a pre-requisite to participation in all physiotherapy assessment and treatment sessions.
3. As a patient I am at liberty to withdraw my consent at any stage and without prejudice.
4. I am encouraged to seek clarification of all explanations given particularly if in any doubt or if I feel confused by anything at all.

Medical History

5. It is my responsibility to accurately answer any questions asked by the physiotherapist regarding my medical history and current health status so that any dangers/precautions to treatment can be ruled out and your safety ensured.
6. I understand that should any information regarding my health status change from the first appointment, that I will notify my physiotherapist accordingly.
7. I also understand that if any information regarding my health status be discovered during the assessment/treatment sessions that my physiotherapist would normally send a covering letter to my GP in such cases, but that it is my responsibility to seek the appropriate medical/non-medical advice.

Physical Examination and Treatment

8. The physiotherapist will monitor any non-verbal clues to consent and will discuss any concerns about my consent thus enabling me to withdraw my consent verbally.
9. I understand that to undertake some practical procedures effectively, it may be necessary to remove clothing which may otherwise prevent observation and or examination. I am however, at liberty to refuse this without prejudice.
10. I understand that it is my responsibility to inform the physiotherapist should I experience any untoward symptoms during any practical procedure. I acknowledge that it is the responsibility of the physiotherapist to stop the procedure immediately should I indicate such symptoms or request that it should be stopped.
11. Some procedures are likely to provoke discomfort but this will be discussed with me prior to the treatment being undertaken and as such are not dangerous.
12. If a high velocity manipulative thrust technique (Grade 5) is indicated this will be discussed and a separate written consent will be gained prior to proceeding.
13. In the unlikely event of the development of any recognised complications either during or subsequent to the practical procedure, the procedure will be stopped and or not repeated on that occasion. Formal advice regarding the management of any complication will be given in the first instance by your physiotherapist but should referral to a doctor (GP/ A and E Dept) be necessary this will also be carried out by the physiotherapist as well.

Patient name (print): _____

Patient Signature: _____

Date: _____

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Reports (delete as appropriate)

I **agree/disagree** for physiotherapy reports to be sent to my doctor

I **would/would not** like a copy of my physiotherapy reports

I am **agree/do not agree** for information/reports to be sent to the email address I have registered with the clinic.

Patient Signature: _____

Date: _____

Terms and conditions of payment

A fee of £25 will be charged to all patients who do not provide 24 hours cancellation notice. I am aware of this cancellation fee.

Patient signature: _____

Date: _____

Protecting your data

Move & Improve keeps your written records in locked cabinets in our home offices. The retention policy is to keep these records for a minimum of 8 years in order to comply with the legislation surrounding medical records (in the case of adults and the age of 25 in the case of children).

Your personal data is also kept on computers when generating letters (we request consent) to other health professions/ or invoices to insurers and to keep a record of outcomes (the only details kept for the purposes of outcomes are your first and last name). Computers are protected by suitable antiviral software and passwords. This information is never shared with any other third parties unless expressly requested and consented to by you, the patient. (For example patients sometimes requests information is shared with a solicitor following an accident). Again, it is the retention policy to keep these records for a minimum of 8 years in order to comply with the legislation surrounding medical records (in the case of adults and the age of 25 in the case of children).

Likewise, where you have consented to be communicated with via email. From the 25th May 2018 the policy is to encrypt or password protect any information/letters attached to emails. Every effort is made to ensure the correct email address is used and where any uncertainty exists a blind email will be sent to confirm the correct recipient.

Where patients prefer to communicate by text, mobile phones used are password/fingerprint protected.

Please sign below to show you have read the information above and that you give consent for your data to be kept in line with above privacy policy.

Patient name (print): _____

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Patient signature:

Date:
