Patient Name ……. Date……

Move and Improve / Kate Montgomery Physiotherapy

Patient Consent Information

Prior to your first appointment it is important that you read carefully the information below so that you have the information required to give informed consent.
Informed consent is a pre-requisite to participation in all physiotherapy assessment and treatment sessions.

1. As a patient I am at liberty to withdraw my consent at any stage and without prejudice.
2. I am encouraged to seek clarification of all explanations given particularly if in any doubt or if I feel confused by anything at all.
3. I am aware that I can request a second opinion from another member of the clinic team.
4. I am aware that I can bring a chaperone to my physiotherapy sessions and will inform the physiotherapist if I intend to do this. All children aged 17 and under must have a parent or legal guardian present during all consultations.

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 my safety ensured.
6. I understand that should any information regarding my health status change at any time whilst receiving treatment I will notify my physiotherapist accordingly.
7. I also understand that if any information regarding my health status is discovered during the assessment/ treatment sessions that my physiotherapist will discuss with me their observations/concerns. The physiotherapist will ask whether I would like them to communicate with my GP service, however it is my responsibility to seek the appropriate medical/non-medical advice.

Physical Examination and Treatment

8. The physiotherapist will explain and seek my continued consent verbally throughout all consultations and will monitor any non-verbal cues to ensure my on-going willingness to participate.
9. I understand that to undertake some treatments 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 treatment. I acknowledge that it is the responsibility of the physiotherapist to stop the treatment immediately should I indicate such symptoms and I am aware I can request that treatment is stopped at any time.
11. Some treatments may provoke discomfort, but this will be discussed with me prior to the treatment being undertaken and as such are not dangerous.
12. In the unlikely event of the development of any recognised complications either during or after the treatment, the treatment 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. If necessary onward referral will be made by your physiotherapist to an appropriate medical practitioner (GP/A&E Dept).

Patient Signature:……. **Date……..**

Patient Name ……. Date……

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 **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

I am aware that if I am unable to give 24 working hours' notice, full fees will be charged (£90 for new patient 1 hour consultation and £60 for a follow up 30-minute appointment).

Patient Signature:…….. Date ……..

Protecting your data

I confirm I have read the privacy statement on the Move and Improve website explaining how my data is safeguarded.
Please sign below to show you have read the information and you give consent for your data to be kept in line with above privacy policy.

Patient name (print): ……..… **Patient Signature**:……..

Date: