Physiotherapy Consent Form

Client Contact Information

Full Name: _____ DOB: _____

Address: _____

Phone: _____ E-Mail: _____

Emergency contact information:

Full Name: _____ Phone: _____

Address: _____

General Statement on Physiotherapy

I acknowledge that physiotherapy involves physical evaluation and treatment, and I have read and understand the following information for my safety and comfort during my visit with Athletic Company Limited / Athletic Potential:

1. I am attending for a physiotherapy assessment, evaluation, and treatment, which may include history taking, movement analysis, various tests, and measurements.
2. Treatment recommendations may include, but are not limited to, advice, manual therapy, acupuncture, electrotherapy, education, exercise, and/or onward referral if necessary.
3. The exercises prescribed may involve stretches, general movements, strength and conditioning work in the gym, and self-treatment at home.
4. The physiotherapist will provide explanations regarding the most recent research and clinical reasoning behind each treatment intervention. They will also inform me of any potential risks associated with the recommended treatments and discuss alternative options.
5. I have the right to ask my physiotherapist questions at any time to seek clarification or additional information.
6. I retain the autonomy to stop my assessment or treatment at any time if I feel uncomfortable or have concerns.

I am aware that, like any medical intervention, there are inherent risks associated with physiotherapy. These risks may include, but are not limited to, temporary soreness or discomfort, exacerbation of symptoms, and rare instances of adverse reactions to specific treatment modalities. The physiotherapist will make reasonable efforts to minimize these risks and ensure my safety during the assessment and treatment.

I hereby consent to undergo physiotherapy assessment and treatment at Athletic Company Limited / Athletic Potential, understanding the nature of the procedures and potential risks involved. I confirm that I have had the opportunity to ask questions and discuss any concerns before agreeing to proceed with physiotherapy services.

Confidentiality, Data and Use of Information

I consent to the processing of my personal medical data on a secure password protected laptop which is managed by Athletic Company Limited / Athletic Potential. This is in regulation of the of the Data Protection Act 1998.

The law gives you certain rights in respect of the personal data we hold about you. This includes: Request access to your personal data, request transfer of your personal data and to withdraw consent to hold your personal data (after the mandatory 7-year period).

Fees

Prior to commencing your physiotherapy treatment, we will need you to inform us of how you intend to pay for your treatment. Payment is accepted by cash, debit or credit card.

YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENT IF YOU FAIL TO ATTEND OR CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTICE. FUTHERMORE, IF YOU CANCEL THREE APPOINTMENTS OR HAVE NOT BOOKED IN FOR 3 MONTHS, YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENTS, LOSE ALL PREPAID BOOKINGS AND BE DISCHARGED FROM THE CLINIC.

Private Health Insurance

For patients with private medical insurance, we are able to claim direct from your insurer on your behalf. We are recognised providers by most Medical Insurance Companies. Our invoice should be settled within 90 days of the invoice date. If your insurance company delay settlement you may be asked to settle the invoice. It is your responsibility to identify and follow your insurance company's referral procedure. You may need to obtain a claim form and, if asked, obtain a letter of referral from your GP. You MUST be aware of your level of cover and whether an excess applies to your policy. If you have an excess, you are required to pay this after each treatment until the excess amount has been reached.

Your insurance company will be charged at a previously agreed rate with Athletic Company Limited / Athletic Potential.

Self-Paying Patients

If you are a self-paying patient, fees MUST be paid after the completion of each treatment.

Please tick the appropriate box:

☐ I am responsible for the payment of my own fees.

☐ I will authorise my health insurance company to discharge my fees.

☐ National Health Service (NHS) Referral

Recording

Sessions may be recorded for marketing or educational purposes. I grant and authorise Athletic Company Limited / Athletic Potential and affiliated companies

the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all videos taken of me to be used in and/or for any lawful purpose. I waive the right to inspect or approve any finished product in which my likeness appears.

This authorization extends to all languages, media, formats and markets now known or later discovered.

☐ Please tick if you want to be excluded from any recording

Marketing Preferences

I agree to receive communications about offers and promotions sent by email, text or post.

☐ Please tick if you want to be excluded from marketing preferences

Inquires and Freedom of Consent

I have been given an opportunity to ask questions as to the procedures. I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Signed Consent

Client ……..

OR

Name & Signature of person with parental responsibility / person legally entitled to sign on behalf of a person who lacks capacity

Full Name: ……..

Signature: ……

Date: ……..