

# Client Consent Form



Physiotherapy & Sports Injury Specialists

Bluestone Fitness

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[www.vitalizephysiotherapy.co.uk](http://www.vitalizephysiotherapy.co.uk)

## CLIENT DETAILS:

NAME .....

D.O.B ...../...../.....

ADDRESS .....

..... POST CODE .....

PREFERRED CONTACT NUMBER ..... EMAIL .....

*Are you happy to receive our newsletter (please select)*

Yes

No

GP NAME / PRACTICE .....

INSURANCE/FINANCE PROVIDER (IF APPLICABLE) .....

INSURANCE NUMBER ..... AUTHORISATION CODE .....

HOW DID YOU HEAR ABOUT VITALIZE? .....

## CLIENT CONSENT:

*Please sign below to indicate your consent in principle for physiotherapy and that you have read the following:*

- I, the client, consent to Physiotherapy assessment and treatment as deemed appropriate by the named Physiotherapist working on behalf of Vitalize Physiotherapy
- I am aware that the Physiotherapist will explain the potential benefits, risks and side effects from the treatment options available to allow me to make an informed decision.
- I understand that I may withdraw consent for further assessment and treatment at any time.
- I am aware I am liable for the session fees set out by Vitalize Physiotherapy. These can be accessed online at [www.vitalizephysiotherapy.co.uk](http://www.vitalizephysiotherapy.co.uk)
- Appointments missed or cancelled in under 24hours will be liable for a 50% charge of the original fee
- I consent to my personal medical data and other sensitive data being stored and processed by Vitalize Physiotherapy on our secure Practice Management system software and that I may be contacted by our bookings team if required.

Please Turn Over

# Covid-19 Consent

## **Explanation of Physiotherapy Services during the Coronavirus Crisis**

Prior to your appointment you received information from your Physiotherapist (either electronically, over the phone or in person) which helped them determine that your condition warrants a face to face consultation, despite the risk of coronavirus infection. You understand that you have the option of a Virtual Consultation and all precautions to prevent and control the risk of infection must be observed for this face-to-face consultation to take place.

You understand that the infection prevention and control procedures are in place to lower the risk of infection, however they do not eliminate the risk, and therefore even with the greatest precaution, we cannot guarantee there is no possibility for infection for either staff or patients.

Your consultation will be with a qualified Physiotherapist will be wearing personal protective garments and equipment during the consultation. It will include a physical examination and/or treatment that is likely to require the physiotherapist to touch you or be close to you; it may be necessary to remove articles of clothing to allow examination. If you experience discomfort during the examination, please report this to your physiotherapist, they will not ask you to perform any task which is not appropriate for, or relevant to, your injury/condition.

Following an assessment a course of treatment may be recommended, you understand that virtual appointments by telephone or video calling are still available if you prefer. Your physiotherapist will discuss and agree treatment plans with you; these will always include self-management strategies, and exercises for you to do at home on a regular basis.

*Because of the risk of coronavirus infection, it is important that we make you aware that there is an increased risk of coronavirus infection if you choose to attend a face to face consultation, despite all precautions being taken.*

**Please ask your physiotherapist before signing this form if you have any questions about this information.**

## **Your declaration and signature**

- I confirm I have read and understand the content of this consent form, including that there is a risk of coronavirus infection in attending a face to face consultation;
- I confirm that I am willing to accept that risk and any consequences thereof;
- I agree to undertake a face to face assessment despite this risk.

SIGNATURE .....

DATE...../...../.....

If the patient is U16 or unable to understand the information contained, this form should be signed on their behalf by a parent or legal guardian as well:

NAME .....

SIGNATURE.....

RELATIONSHIP TO CLIENT.....