Ashbourne & Hilton Physiotherapy and Sports Injuries Centres

Welcome to our Physio Centre

Registration

Full Name: _____ DOB: _____

Address: _____ Post Code _____

Tele: Mobile _____ Email: _____

For appointment reminders and exercise prescription.

Other _____

Please only give us numbers that you are happy for us to contact you on about appointments or queries

☐ Tick if you agree to us contacting you with service updates, information & newsletters & discount offers. **Your Email address will not be shared with 3rd parties.**

GP Practice: _____

Privacy Notice & Data Protection

I confirm that I have read the Privacy Notice (on clipboard) and consent to Ashbourne & Hilton Physio Centres holding & processing my
I understand it is my responsibility to inform the clinic of an changes in my details.

Sign _____ **Date** _____

Medical Checklist & Consent to Treatment

We ask these questions for your safety. Please ask if you have any queries or are uncertain.

Please tell us about any recent operations or operations that might affect your current problem

What medication are you on?

Are you currenty seeing another medical professional?

Have you had any of the following? If Yes, please tick:

Back Problems		Respiratory conditions incl Asthma		Bone or Joint problems		Skin disorders	
Epilepsy		Pacemaker or heart problems		Major Allergies		Scar tissue or metal incerts	
Cancer		History of thrombosis or embolism		Current injuries		High / Low Blood Pressure	
Varicous Veins		Recent haemorrhage					
Diabetis		Dysfunction of the nervous system		Hepatitus / HIV / Aids:		Are you pregnant?	

I confirm the information given is accurate and consent to massage. I will immediately inform the therapist if at any stage I have concerns or reservations about the treatment proposed or if I would like to request a chaperone (Notice may be required).

I understand that payment is expected at each treatment and that I will be charged for missed appointments or appointments cancelled at less than 24 hours notice.

Sign _____ **Date** _____

Please note that your are welcome to be accompanied during your treatment and that all under 16 years old must be accompanied.

For further information on each of our therapists, the conditions we treat and other services we provide, please see our websites:

www.ashbournephysio.co.uk www.hiltonphysio.co.uk

We welcome comments about out service on any of these platforms or in our comments book on the reception desk.