Ashbourne & Hilton Physiotherapy and Sports Injuries Centres

Welcome to our Physio Centre.

All our Physiotherapists are registered with the Health Care Professions Council.

Registration & Consent During Covid - 19

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: _____

Payment

Please select and sign one of the three options below:

Self Funding Patients:	**NHS Referred Patients**	**Patients using Medical Insurance**
I understand that payment is expected at each treatment.	I understand that my doctor will be informed of my attendance and progress.	I confirm that I have completed the form overleaf. That the details I have supplied are current and correct for this course of treatment.
I understand that I may be charged for missed appointments or appointments cancelled at late notice (less than 24 hours)	I understand that it is my responsibility to attend my appointment and that if I fail to attend or give adequate notice (24 hours) I may be discharged and my doctor notified.	I understand that I may be charged for missed appointments or appointments cancelled at late notice (less than 24 hours) I understand that the clinic will need to correspond with my insurance company about my course of treatment.
Sign _____	**Sign** _____	**Sign** _____
Date _____	**Date** _____	**Date** _____

Privacy Notice & Data Protection

I confirm that I am aware that there is a GDPR Privacy Notice available to access either on the website (www.ashbournephysio.co.uk) or by asking my therapist, and consent to Ashbourne & Hilton Physio Centres holding & processing my personal data as outlined. I understand that I may withdraw my consent in writing at anytime but recognise the clinic has legal & contractual obligations to adhere to.

I understand it is my responsibility to inform the clinic of any changes in my details.

Sign _____ **Date** _____

Medical Checklist & Consent to Treatment

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

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

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

Steroid Treatment		Heart/Chest Condition		Osteoporosis		Autoimmune Disorders	
Epilepsy		Pacemaker		Major Allergies		Blood Disorders	
Cancer		Anti-coagulant Therapy		Diabetes			
Female Patients Only:		Gynaecological Conditions		HRT		Are you pregnant?	**Y / N**

Are you currently seeing your Doctor for any other conditions? **Y / N**. If yes please give details:

What medication are you currently taking?

I confirm that the information given is accurate and I consent to physiotherapy, noting that my therapist is likely to need to see and touch the injured part of my body. 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 maybe required).

Sign _____ **Date** _____

Insurance Details (If payment is being made via Insurance Company)

Insurance Company Name: _____

Address: _____

Policy or Membership Number: _____ Policy Expiry Date: _____

Authorisation Number: _____ Excess on Policy £: _____

Condition authorised for treatment: _____

I understand that I am ultimately liable for treatment costs should my insurance not make timely payment.

I understand that I am liable for any excess payments on my policy.

I understand that payment can only be obtained from my insurance company if I have supplied all the necessary information. If I am unable to supply this at the time of my appointment, I confirm that I will pay and will be issued with a receipt so I may reclaim my costs from my insurance company.

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.