**Face to face treatment Consent Form**

**Your Details**

|  |  |  |
| --- | --- | --- |
| Full Name: | | Date of Birth: |
| Home address: | | |
| Home tel: | Work tel: | |
| Mobile: | Email: | |
| How would you like to receive your appointment confirmation and appointment reminders from us? | Email / SMS / Both : | |
| Can we put you on our email list for occasional updates and news? | Yes / No : | |

**Next Of Kin**

|  |  |  |
| --- | --- | --- |
| Full Name: | | Relationship: |
| Home address: | | |
| Home tel: | Work tel: | |
| Mobile: | Email: | |

**Terms and Conditions**

Please note that if you are claiming through insurance, you will be responsible for any costs not covered by your insurance company including excess charges and late cancellation or non-attendance fees.

Please give at least 24 hour’s notice for any cancellations to avoid a £25 administration charge. This is to give us adequate time to either offer the appointment to another patient or to cancel our room booking.

Non attendance of your appointment without prior notice will incur the full appointment charge.

**Your declaration and signature**

● I confirm that all the information I have given is correct

● I confirm that I will give adequate notice of any cancellation or be prepared to pay the charges

● I confirm I have read and understand this form and agree to the terms

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| --- | --- | --- | --- |
| Patient Signature: |  | Date: |  |
| Print name: |  | | |