

## New Patient 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 :	
How did you hear about us?			

### Next Of Kin

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

Public Health England (PHE) and the Chartered Society of Physiotherapy (CSP) are no longer mandating the use of face coverings, gloves and aprons by Physiotherapists and patients as at June 2022.

If you would be more comfortable wearing a mask, please do and feel free to ask the Physiotherapist to wear a mask too.

Please do not attend your appointment if you are unwell or have any symptoms or COVID-19 or any other infectious disease.

Please allow 24 hours notice for any cancellations to avoid a £25 administration charge

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

### Your declaration and signature

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

- *I confirm that all the information I have given is correct*
- *I confirm that I will not attend the appointment if I am unwell with COVID-19*
- *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*

Patient Signature:		Date:	
Print name:			

