

## PATIENT REGISTRATION AND CONSENT

Title: \_\_\_\_\_ Patient Name: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ Occupation: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What two things do you want to achieve from physiotherapy?

1: \_\_\_\_\_ 2: \_\_\_\_\_

### Consent

I consent to the assessment and treatment recommended and performed by Physio117 in accordance with the governing body's professional guidelines. This may include mobilisation, manipulation, manual therapy techniques, soft-tissue massage, acupuncture, taping or electrotherapy modalities.

I understand that before any treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at the time. By signing below, I am in agreement with these conditions.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_