

HADLOW OSTEOPATHIC CLINIC

NEW PATIENT CONSENT FORM

PLEASE READ THROUGH THOROUGHLY

Welcome to Hadlow Osteopathic Clinic. This leaflet is to give you information about your consultation with your Osteopath and it is essential that you read all of it before signing it.

During your consultation, your Osteopath will take a detailed case history from you, including details of your current and past health issues. This is an essential part of your consultation and could influence the treatment you receive. It is therefore essential that you convey as much information to your Osteopath as required. This information is kept confidential in line with the Data Protection Act 1998.

After the case history has been taken, your practitioner will explain their thoughts regarding the nature of your complaint and discuss with you the examination they need to carry out. Prior to your examination, you may be asked to disrobe to your underwear. However if you feel very uncomfortable with this request please discuss this with your practitioner. Loose fitting clothes or leggings, for example, may be accommodated.

Should you have any questions about your examination, please do not hesitate to discuss these with your practitioner beforehand and they will endeavour to answer any queries that may arise.

Following your examination, your practitioner will be able to explain their working diagnosis and outline the treatment plan they intend to use to alleviate the problem.

We will ensure that your Osteopathic consultation is a pleasant one and we will keep you informed throughout. However should you have any questions or concerns at any point please ask your practitioner who will be happy to give you the information you require.

We would like to draw your attention to our cancellation and missed appointment policy. All missed appointments are subject to full charge. Appointments cancelled without 24 hours prior notice are subject to a minimum 50% charge.

As part of our ongoing commitment to integrative patient care, there may be occasions when we will need to correspond with your G.P. Should you **not** wish us to contact your G.P please tick here ().

I confirm that I have read and understood the contents of this leaflet and hereby consent to my consultation with **Robert Thomas** BA, BSc (Hons) Ost., D.O, PGCE HE, FHEA Registered Osteopath

Signed: Print: (Capitals).....

Date:

How did you hear about us? (i.e internet, driving by, recommendation etc)

.....
(Please turn over and complete all fields – Thank you)

Name (in full):.....

Address:.....

.....

Post Code:.....

Date of Birth:/...../.....

Tel: (Home).....

Tel: (Work).....

Tel: (Mobile).....

Email:

Occupation

Does this involve mainly: deskwork PC work driving sitting lifting
(Please circle)

I do/ do not want to be contacted by email regarding appointments or periodic newsletters
(Please circle)

GP Name: Dr.....

GP Surgery:

Have you had osteopathic treatment before: Yes / No (please circle)

Nature of current complaint: (i.e. low back pain, neck pain etc.).....

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Additional information:

Expectations: