

- New Patient Confidential Consent Form -

Please complete in BLOCK CAPITALS and provide as much information in each section as possible.

Your details:

Full Name:

Date of Birth: Landline:

Email: Mobile:

Address:

..... Post Code:

Medical information:

Allergies:

Medications:

Information for Patients:

- To enable us to provide safe and effective treatment, you will be asked about both your current symptoms and your past medical history.
- You will be given a comprehensive medical examination and your recommended treatment will be discussed with you before treatment begins.
- Your examination and treatment may require the removal of some items of clothing. Please wear suitable underwear or loose fitting clothing. Towels, gowns and disposable shorts are available if you require them.
- You are welcome to bring someone to attend your appointment with you to act as a chaperone.

Terms of Consultation:

- All fees are payable at the time of your consultation. Please note that you are responsible for all your treatment fees.
- You are advised to check the terms of any insurance policy before you attend. (Please note that BUPA and AXA PPP do not cover your treatment at David Such Osteopathy.)
- Please give us at least 24 hours notice if you need to cancel your appointment or a fee may be charged.

Declaration:

- I confirm that all the information I have provided on this form is accurate and as complete as possible.
- I give my consent to osteopathic examination and treatment according to the above information and terms of consultation.
- I have read your Privacy policy and give my consent to the processing and storage of my personal data.

Signed: **Date:**

Parent/Guardian: (if patient under 18 years of age)

Osteopath Practitioner: (David Such / Jonathan Gaffney)