

Consent Form

Clients' Name:	
Home Address:	
GP details:.....	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	
Phone Number:.....	

I the client consent to Physiotherapy assessment and treatment as deemed appropriate by the named Physiotherapist working on behalf of Physio@Home Limited.

- I have had the nature of the assessment and treatment explained fully. I have also had the opportunity to ask any questions I may have
- I am aware I am liable for any fees as set out by Physio@Home Limited terms and conditions. These can be accessed online at www.yourphysioathome.co.uk
- I am aware I may withdraw consent for further assessment and treatment at anytime.
- Appointments cancelled in under 24hours will be liable for cancellation fee and any travel time due.
- I also consent / do not consent for videos and photographs to be taken as part of my Physiotherapy program.
- I also consent /do not consent for videos and photographs to be used for marketing purposes for Physio@Home Limited.
- I also consent /do not consent for Physio@Home Limited to share appropriate confidential information with other agencies when working in the interests of myself, the clients.

Signed.....
Relationship to client (if client unable to provide informed consent).....

Name..... **Date**.....