SOUTHWELL
PHYSIOTHERAPY
& sports injury clinic

REGISTRATION & CONSENT FORM

Title……

First Name……..

Surname……

Date of Birth……..

Address……

…… Postcode……

Contact Details: Home Tel No…… Mobile……

We will use your mobile telephone number to send you text reminders of your appointments.

Email address……

We will use your email address to send you reminders of your appointments.

Doctors Details:

Practice Name……

MEDICAL HISTORY QUESTIONNAIRE

Listed below are a series of questions which are directly relevant to the treatment of Your injury or illness **Please circle** the appropriate answer to each question. Your physiotherapist will discuss any queries you may have.

To the best of your knowledge, have you had or presently suffer with any of the following:

1. **Stroke/Neurological** Yes/No
2. **Thyroid** Yes/No
3. **Heart Problems/Pacemaker** Yes/No
4. **Hypertension** Yes/No
5. **Rheumatoid Arthritis** Yes/No
6. **Asthma/Respiratory condition** Yes/No
7. **Diabetes** Yes/No
8. **Past Steroid use** Yes/No
9. **Dizziness** Yes/No
10. **Osteoporosis** Yes/No
11. **Balance problems** Yes/No
12. **Cancer history** Yes/No
13. **Recent weight loss** Yes/No
14. **Bowel/ Bladder problems** Yes/No
15. **General Joint stiffness** Yes/No
16. **Are you Pregnant** Yes/No
17. **Allergies** Yes/No

Have you had any X-rays or other investigations for your current problem. (Please list date if possible)

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Please state your current medication……

……

How did you hear about us? **(Please circle)**

Been Before **Word of Mouth** **Google** **Website** **Facebook** **Instagram**

Practice Sign **Magazine/Newspaper Advert** **Insurance Company** **Other** ……

Method of Payment

Self Pay or **Insurance Company (Please circle)**

Please complete health insurance form if using Insurance Company

I understand that following each Physiotherapy visit I am liable for the appropriate fee.

Cancellation Policy

Please help us to help you! By giving 24 hours cancellation notice we can offer your appointment to someone else. Less than 24 hours' notice means we will need to charge you for your session if we cannot reallocate it.
Any appointments missed or forgotten will also incur a charge. If you are unable to speak to a member of the reception staff, please leave a message on 01636 816 222.

Please note that treatment consent and GDPR consent are essential requirements for us to be able provide our services. If you do not tick these fields and sign, we will not be able to treat you.

Treatment Consent (required)

☐ **I consent to the assessment and treatment being administered by Southwell Physiotherapy and Sports Injury Clinicians (this consent is valid for 12 months from the date of signature). I understand that the result of any treatment is not guaranteed.**

Children under the age of 16 will need an adult (parent/guardian) present during their initial assessment, they will also need the consent form signed on their behalf.
At subsequent appointments, if agreed in advance by the treating clinician, an adult does not need to be present. However, the children are the Parent's responsibility pre and post the scheduled appointment time. Patients 16 years and over can attend unaccompanied

Are you a chaperone Yes/No

What data we collect

Full name/Full address and/or postcode
Date of birth
Contact telephone number/ Email address
Past and current medical history
Current activities of daily living

How we collect your data

We collect data provided by you the data subject and occasionally we may contact your GP for additional information with your consent.

Why we collect your data

To provide you with allied health professional treatment.
We will occasionally send you marketing information where we have assessed that it is beneficial to you as a customer and in our interests. Such information will be non-intrusive and will only be sent on receipt of a double opt-in initial contact form. We may occasionally use reduced data to perform internal research and statistical analysis regarding our services.
We may use your data for invoices and billing.
If you were referred to us officially and/or by a third party such as a medico legal company or private health insurance company, we may be required to provide summary reports and updates on your progress.
We may occasionally be required to share your data with the Health Care Professions Council (HCPC) to allow them to perform their regulation activities.

GDPR Consent (required)

☐ **I agree to the data that is collected and being held and used for my treatment or ongoing treatments and billing by Southwell Physiotherapy Limited.**

☐ **I explicitly consent to Southwell Physiotherapy Limited processing the personal data I have included on this registration form in accordance with their Privacy Policy.**

Privacy Policy available to read on request.

Communications Consent (required)

Southwell Physiotherapy and Sports Injury Clinic may use automated or manual methods for contacting you during your ongoing treatment. You may be contacted for appointments, appointment reminders/changes and treatment plans all of which will be pertinent to current treatment. During your treatment period you will be contacted by one or all of the following: telephone, email and/or SMS. Please tick the box if you agree (required before we are able to continue with treatment)

☐ **I agree Southwell Physiotherapy and Sports Injury Clinic can contact me by any of these methods.**

Surveys and Marketing

I agree to Southwell Physiotherapy and Sports Injury Clinic sending me survey or marketing information after my treatment is complete by:

☐ **Email** ☐**SMS**

Complaints

We aim to provide a high-quality professional service but if you are not happy with anything then please do let us know. We hope you will discuss any problems directly with the involved person(s) in the first instance. If this does not resolve matters to your satisfaction your complaint will be passed onto the Director.

Who we are

Southwell Physiotherapy and Sports Injury Clinic is the trading name for Southwell Physiotherapy Limited whose registered office is 4 Pates Close, Linby, Nottingham, NG15 8JY. We are a company registered in England and Wales under company number 5132811. We act as the data controller when processing your data. Our designated Data Protection Officer/Appointed person is James Mackintosh who can be contacted at reception@southwellphysio.co.uk

The above information is given to the best of my knowledge.

SIGNATURE…… **DATE……..**

HEALTH INSURANCE FORM

Only complete this section if you are using Private Health Insurance to pay for your treatment.

Insurance Company Information:

Provider Name……

Registration/Membership Number……..

Pre-authorisation Number……

Policy excesses – All excesses must be paid by you (the insured party) within 7 days of notification by the insurance company or the clinic.

NOTE: If authorisation has NOT been given you are liable to pay for treatment until authorisation has been received and given to the clinic.

Health Insurance Excess

It is your responsibility to contact your insurance company for conditions of your policy as we cannot be held responsible for any non-payment of claims or shortfall of treatment fees.

Health insurance EXCESS AMOUNT represents the amount of money that you (the insured party) must pay before your insurance company begins to cover the cost of physiotherapy treatment.

I agree to my physiotherapist sharing information with my insurance company regarding my treatment.

SIGNATURE…… **DATE……**