



Name	GP/Practice
Address	Consultant
	Insurance Company
Post code	Date of Birth
Tel (H)	Occupation
Tel (m)	Email address

Leisure Interests:

Are you in good general health?	Y	N	Are you taking medication for any condition?	Y	Ν
Have you had any heart problems?	Y	Ν	Have you ever taken steroids?	Y	Ν
Do you wear a Pacemaker?	Y	Ν	Have you ever been on anticoagulants?	Y	Ν
Have you ever broken any bones?	Y	Ν	Are you pregnant or any possibility you are?	Y	Ν
Do you suffer from dizziness?	Y	Ν	Are you allergic to sticking plaster?	Y	Ν

I have completed the above questionnaire and the information I have given is correct. If during the course of treatment there are any changes in the answers to the above questions I will inform the Physiotherapist.

Following an examination and assessment, an appropriate treatment programme will be explained to me.

I understand that I am liable for payment for Physiotherapy treatment at the time of each attendance according to the following scale of charges and that if I give less than 24 hrs. notice of cancellation then I will be required to pay the fee for the cancelled appointment:

Subsequent treatments

£38.00

First	consultation and	treatment	£48.00
гнэс	consultation and	ueauneni	L40.00

	A charge will be made	a far anv lagal dagw	monte required with	the evention of routin	e letters and reports to	CDc/Concultante
ND -	A charge will be made	e for any legal docu	nents reduired with	the exception of routin	le letters and reports to	GPS/COnsultants

Signed	Date	
Were you referred by your Doctor? Y N.	If not, how did you hear about us?	
May we inform your Doctor you are receivin	g Physiotherapy treatment? Y N	