

The Practice Information and Conditions

The Practice

- Physio4kids is an independent Physiotherapy practice for children and young adults.
- The practice aims to offer an excellent service to children, young adults, parents, nurseries, school and residential homes.
- The physiotherapy is provided by Georgina (Gina) Farmer who qualified as a Chartered Physiotherapist in 1995. She has specialised in working with children and adults with physical and learning disabilities since 1997.
- The services provided are assessment, individual therapy, and training in a variety of settings.

The Clinic Service

- The practice offers a clinic service based at TT Mobility, 335 Milton Road, Cowplain, Waterlooville, PO8 8LH
- The practice specialises in assessment and therapy for children with delayed or disordered movement and children complaining of pains from their joints or muscles.
- Sessions are offered at the clinic and, by arrangement, at home or in school.
- Appointments are arranged following a discussion of the child's difficulty and the suitability of what the practice can offer. The practice can be contacted by email at gina@physio4kids.org.uk or by telephone on 01243 376263 or 07711 826523.

Initial Assessments

- Prior to the assessment a case history will be obtained over the telephone or by post, to minimise the amount of discussion at the first appointment.
- A telephone case history will take 15-30 minutes.
- The assessment will usually consist of a combination of observation, formal testing and informal assessment.
- Reports from other professionals can form a useful contribution to the assessment and the therapist will ask to read these as part of the assessment process.
- Assessment of more than one area of difficulty will require two assessment sessions of up to one hour and discussion of the findings.

- Specific goals will be agreed with the child/parents.
- This may be followed by preparation of a detailed report.

Therapy

- Courses of therapy of agreed length are offered initially as weekly sessions and the time between sessions is extended as progress is made.
- Therapy sessions last approximately 45-60 minutes and include the provision of home activities.
- Patients are discharged from therapy according to the professional opinion of the therapist, following discussion with the patient/parent for example when the therapy goals have been achieved. Parents are able to withdraw their child from therapy at any time.

Fees

- An assessment of one area of developmental difficulty is £90
- An assessment of one area of musculo-skeletal problems i.e. pain is £70
- Each session of therapy at the clinic is £55
- Each session of therapy at another address is £70 + travel
- Attendance at a school visit or meeting within a 15 mile radius is £100
- Hydrotherapy and visits further afield can be arranged
- Travel to and from any session not held at TT Mobility is £30 / hour (pro-rata)
- CRB Check (if required e.g. by schools) etc is £36
- Reports are £35 an hour pro-rata (as a guide: musculo-skeletal reports take ~1 hour; neurological/developmental reports ~2 hours)

Payments

- If assessment and a report only are undertaken, payment will be requested by invoice following completion of the assessment report.
- Payments for therapy sessions will be requested at the end of each session and a receipt will be provided.
- Payments should be made by cash or cheque made payable to Gina Farmer.

Private Health Insurance / Solicitors

- If you wish to claim physiotherapy fees on your Private Medical Insurance you are reminded that you should check your policy for restrictions and excesses.

- If you wish to have your insurance company / solicitors settle directly with this clinic you **MUST** have the physiotherapy authorised before the start of treatment.
- Any fees not covered by the policy (e.g. travel and cancellation fees) must be met by the client/policy holder and will be invoiced separately.

Cancellation and non-attendance

- If the client cancels an appointment giving more than 48 hours notice, no fee will be charged.
- If the cancellation is less than 48 hours prior to the appointment, a £20 fee will be charged.
- If the cancellation is less than 24 hours notice prior to the appointment, £30 will be charged.
- If the client fails to attend an appointment, full fee will be charged.
- If it is necessary for the therapist to cancel an appointment, another appointment will be arranged.

Data Protection

For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you or others supply in connection with any treatment is Georgina Phyllis Farmer (PZ7839862)

- Data Used will be for the provision and administration of patient care only.
- Personal Details may include family, educational, photographic and medical information.
- Sharing of Information will be with other professionals involved with the data subject; this conforms to the CSP's professional standards.
- Written and Printed Records will be stored and transported in a secure way.
- Computer Stored Information will be password protected and with network security software.

Consent Form

Client's Name Date of Birth

Address

Please answer either yes or no to the following questions by ticking the appropriate box.

Have you read, understood and agreed to the Practice Information and Conditions (attached)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you the legal guardian of the client?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give consent for Physiotherapy Assessment and Treatment of the client.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the client had NHS physiotherapy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the client had private physiotherapy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give your permission for me to discuss the client with the other therapists involved and obtain written and/or verbal information about their progress	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give permission for reports to be sent to other professionals e.g. GP, Health Visitor, Consultant, Teacher?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give permission for me to discuss the client's assessments and therapy with other professionals e.g. GP Health Visitor, Consultant, Teacher?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give permission for photographs to be taken if needed - these will be kept secure and only be used as a record of the clients condition.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will you be paying privately for the physiotherapy/reports	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the client covered by private health insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Additional information:

Name of other Physiotherapist

Contact details:.....

Name of Health Insurance Company:.....

Address:.....

Membership/Authorisation Number:.....

Signed..... Date

Name of Parent /Guardian