

## Consent Form - Private Physiotherapy for:

Clients Name: .....DOB: ..... NHS No:.....

Address:.....

**Please answer either 'yes' or 'no' to the following questions by deleting the appropriate box.**

Have you read, understood and agreed to the Terms and Conditions leaflet (attached and at <a href="http://www.physio4kids.org.uk">www.physio4kids.org.uk</a> )?	YES	NO
Are you the client / legal guardian of the client (delete as necessary)?	YES	NO
Have you / the client had NHS Physiotherapy?	YES	NO
Do you give your permission for me to discuss the client's therapy with the other therapists involved and obtain written and or verbal information about their progress? <i>Denying permission may prevent me from seeing the client on ethical grounds of my professional code of conduct).</i>	YES	NO
Do you give permission for reports to be posted/emailed to other professionals e.g. GP, Health Visitor, Consultant, School? (delete as necessary)	YES	NO
Do you give permission for me to discuss the client's assessments and therapy with the other professionals e.g. GP, Health Visitor, Consultant, School?	YES	NO
Will you be paying for the physiotherapy/reports?	YES	NO
Will you be claiming on your private health insurance? <i>(please provide information below)</i>	YES	NO

### Additional Information:

Name of NHS  
Physiotherapist.....Tel:.....

Address:.....

Email: .....

Name of GP : ..... Tel: .....

Address:.....

Signed

Date

Print Name:

Relationship to Client:

Address if different from above:

Contact Details: Tel..... Email: .....