SOUTHGATE PHYSIO

10 Onslow parade, Hampden Square,
London N14 5JN, U.K.

020 8368 6767 info@southgatephysio.co.uk

Title (please tick) : ☐ Mr ☐ Master ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

First Name : ..... Surname : ..... DOB : .....

Address : .....

Email : ..... Postcode : .....

Telephone (H) : ..... Mobile : .....

Person to contact (in case of emergency) : .....

GP and practice address : .....

.....

MEDICAL QUESTIONNAIRES, PLEASE TICK YES IF YOU HAVE ANY OF THESE:

Heart conditions	: ☐ Yes ☐ No	Psychiatric conditions	: ☐ Yes ☐ No
Skin conditions	: ☐ Yes ☐ No	Fainting	: ☐ Yes ☐ No
Pacemaker	: ☐ Yes ☐ No	Arthritis	: ☐ Yes ☐ No
Osteoporosis	: ☐ Yes ☐ No	Are you pregnant	: ☐ Yes ☐ No
Diabetes	: ☐ Yes ☐ No	Neurological conditions	: ☐ Yes ☐ No
Cancer	: ☐ Yes ☐ No	Metal in the body	: ☐ Yes ☐ No
Metal allergy	: ☐ Yes ☐ No	Infection	: ☐ Yes ☐ No

If you have answered Yes to any of the above please explain in detail. Please also provide details of any medication currently being taken or information on any other medical condition not mentioned above.

Clinic Hours: Mon-Fri: 9am to 8pm

Do you agree the release of your medical record to your GP, Consultant or Insurance Company ? ☐ Yes ☐ No

We do not share your data with any 3rd Party, unless you request.

Do you need a Chaperone ? ☐ Yes ☐ No

I give my consent / permission for the following treatment to be used by physiotherapist at Southgate Phyisio.

I am happy to receive email / SMS : ☐ Yes ☐ No

Please ask the Physiotherapist to explain to you any treatment method you do not understand.

PLEASE TICK YES TO THE TREATMENT METHODS YOU AGREE TO.

ACUPUNCTURE	☐ YES	☐ NO	MANUAL THERAPY	☐ YES	☐ NO
ELECTROTHERAPY	☐ YES	☐ NO	EXERCISE THERAPY	☐ YES	☐ NO
SHOCKWAVE	☐ YES	☐ NO	THERAFLEX	☐ YES	☐ NO

I understand the above mentioned treatment method fully, and have the right to decline any of the treatment method applied at any time.

PAYMENT METHOD

Please tick those that apply and provide any additional information where needed.

☐ Self Paying

☐ Insurance Company .....

Policy No: ..... Authorisation No : .....

Do you have an excess fee to pay? ☐ Yes ☐ No ☐ Don't know

CANCELLATION POLICY

You need to give a minimum of 24 hours notice for the cancellation of any booked appointment, preferably 48 hours; if not full fees will be charged.

Please be aware that if your appointment is of a medico legal nature we are required to report any non-attendance or late cancellations to the relevant parties.

- I hearby request and consent to the physiotherapy assessement and treatment on me by the physiotherapist at Southgate Physio.
- My consent is voluntary and I intend this consent form to cover the entire course of treatment, starting on the date below.

Signature of the Patient : ..... Date: .....

(If the patient is under 16 the parent or guardian will need to sign)

Therapist Name : ..... Signature : .....