

**07938592464**

[katie@katiefosterphysio.co.uk](mailto:katie@katiefosterphysio.co.uk)  
[katiefosterphysio.co.uk](http://katiefosterphysio.co.uk)

## Patient registration and consent

Title: ..... Full Name: .....

Date of Birth: ..... Occupation: .....

Address: .....

..... Postcode: .....

Phone: Home: ..... Work: ..... Mobile: .....

E-Mail address: .....

GP name: ..... Address: .....

.....

I give permission for the treating practitioner to contact my GP, and use my data for the purposes of medical records, contact regarding medical treatments and referral to discussed third parties as applicable,

Signed: .....

### OUR CHARGES:

Initial consultation £55.00

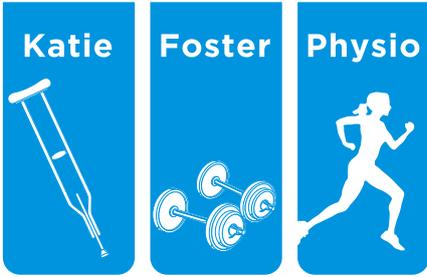
Follow up treatment £50.00

Payment via cash or BACS payable at each appointment.

**We regret that unless 24 hours notice is given of cancellations/alteration of appointments, a full charge must be made. All non attended appointments will be charge at full treatment rate.**

I agree to the terms above and give consent to treatment:

Signed: ..... Date: .....



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## Patient questionnaire

Please notify your therapist if you have any of the following:

Thyroid problems

Epilepsy

Heart problems

Rheumatoid arthritis

Asthma

Diabetes

Pregnancy

Major illness

Operations

Metal (pins, plates, etc...)

Implants(pacemaker etc)

Osteoporosis/osteopenia/unexplained fractures

If you have answered yes to any of the above please provide details: .....

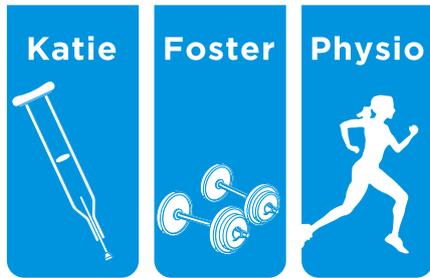
.....  
.....

Are you taking any medications? Please list: .....

.....  
.....

Have you received treatment for any other conditions previously: .....

.....  
.....



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## Patient Information

Your first appointment will last approximately 45 mins. This involves the therapist taking a detailed history of your condition, gathering information on your medical history, daily activities and lifestyle. This is then followed by a physical assessment.

To fully assess your condition the therapist may ask you to undress down to shorts or underwear. This enables the therapist to see posture, muscular imbalances, rotations and any other deformities that may have an impact on your condition or recovery. Please notify the therapist if you do not feel comfortable disrobing in your sessions.

The purpose of the assessment is to determine the affected structures and determine a treatment plan. To fully assess structures they will be stress tested by the therapist. This may lead to a slight aggravation of your condition, this will be minimised as much as possible by the therapist but is sometimes unavoidable to complete a thorough assessment.

At the end of your session, the findings will be discussed with you and a treatment plan generated. Treatment may be provided at the initial assessment depending upon the severity, irritability and nature of your condition.

Advice and self management will be provided and exercises may be prescribed to help you help resolve your condition.

If there is any aspect of your assessment or treatment you are unhappy with please discuss with your therapist. Any questions on your condition will happily be answered and all treatments will be explained prior to application. Please be aware you have the right to decline any aspect of treatment or assessment at any time. You are welcomed to bring a chaperone to any of your appointments.

Subsequent treatments are 40 minutes in duration, reassessment and progression of treatment will occur during these sessions.

Patient participation is a large part of the success of physiotherapy. Your therapist will assist in restoring your body to its optimum condition and alignment but for these treatments to have maximum benefit it is requested that you participate in a patient specific home exercise program that will maximise and sustain treatment effects.

If you have any further questions about your assessments or treatments please don't hesitate to contact us.