

Consent form for examination and/or treatment by an osteopath.

Notes to the patient:

Our regulators insist that we obtain explicit consent to examine or treat you and that we inform you of any risks. As in all forms of medicine, there are some minor or very rare risks involved in physical treatment, most commonly these are of muscle or joint soreness after treatment but there is the very unlikely possibility of fracture, disc injury, or a stroke.

All practitioners using manual therapy treatment for patients with neck problems are required to explain that there may have been some cases of injury to the arteries of the neck following treatment.

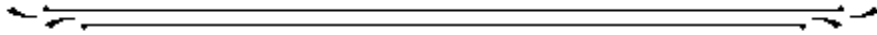
This has been known to cause strokes, sometimes with serious neurological (nervous system) changes. The chances of this happening are extremely remote (approximately one per one million treatments). Your osteopath may perform manual tests on you and will consider your medical history to identify whether you are susceptible to this risk.

Before examining or treating you, your osteopath will explain what is involved and why any procedures are necessary. Depending on the site of your injury it is likely that you will be asked to remove some of your clothing, so that we can examine the area, assess your problem, and check for a range of medical conditions.

It is important that you raise any concerns you may have at the time with your osteopath – do not be afraid to speak out or question us.

You are entitled to withdraw your consent to examination or treatment at any time.

You are entitled to be accompanied by a chaperone of your choice, but your appointment may need to be rescheduled.



To be completed after consultation:

I confirm that the procedures of examination and treatment have been explained to me and understand that I am entitled to bring a chaperone with me when I attend for treatment.

I will rely on the osteopath to exercise their judgement during the course of my treatment, to treat and advise me in a way that they feel at the time, based on the known facts, is safe and in my best interest.

I consent to examination and treatment by the osteopath(s) named below and intend this consent to cover the entire course of treatment for my present condition.

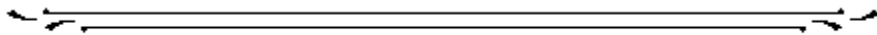
I have read the above and give my consent to be examined and treated by: .....

I also understand that I am responsible for the costs of my treatment if not paid by a third party, and that I need to give 24 hours notice when cancelling an appointment to avoid being charged.

Signed: ..... Date ..... A parent or guardian should sign on your behalf if you are under 16 years old.

Signed: ..... Date ..... treated by: .....

Signed: ..... Date ..... treated by: .....



You will only be asked to sign these sections if you want us to take action on your behalf.

Your confidentiality will be protected and details of your condition or treatment will not be given to anyone without your permission.

I consent that my osteopath may contact my Medical Practitioner or the person named below to obtain further details about myself, or to report to them my current condition:

Details/address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

I request that copies of my notes be given / sent to the person named below and will be responsible for any fee incurred if not paid by a third party.

Details/address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_