



Title: Mr Mrs Ms Miss Dr Other.....
 Surname..... Forename(s).....
 Date of Birth..... Email.....
 First Name and Surname of Parent/Guardian for a minor.....
 Residential Address.....
 Postcode.....
 Home Tel..... Mobile Tel..... Occupation.....
 How did you hear about us (please circle) Relative, Friend, Colleague, Google, Other.....

REFERRED BY (please attach copy):

GP.....
 Consultant.....
 Date of referral.....

SETTLEMENT OF FEES:

All clients are required to provide credit/debit card details until fees are met in full. If clients do not wish to leave card details then all fees must be settled on the day of consultation.

Some UK health insurance policies will not meet the full consultation fees. Clients are reminded to check with their health insurer to confirm whether they will be affected in this way. Clients whose health insurance policy carries an excess for which the client is responsible will be required to settle the excess at the first and, if necessary, subsequent appointments.

We regret that we are unable to bill international health insurance companies. Clients covered by international health insurance policies will be required to settle their own treatment fees and then claim back from their insurer.

PAYMENT METHOD: (Please tick as appropriate) Details will remain confidential as paper records are destroyed

- Cash
- Credit/Debit Card
- Health Insurance (please circle) AXA PPP Aviva Bupa Bupa International Cigna Cigna International
 Groupama Healix PMI PruHealth PruHealth(Standard Life) Simply Health WPA Other

Membership/Policy No..... Authorisation/Claim No.....
 Policy expiry/renewal date..... No. of session's authorised/Yearly allowance(£).....

CONDITIONS OF TREATMENT: (Please tick as appropriate)

- I consent to physiotherapy examination and treatment (including spinal manipulation & acupuncture) & Massage
- If I cancel an appointment with less than 24 hours notice, I am liable for a cancellation fee.
- If I am late for an appointment, a full treatment session may not be possible but the same charges will apply.
- Consultation fees may not include some materials used.
- Please inform your therapist if you are pregnant or have a pacemaker.
- I will abide by the above conditions.
- All details are confidential and protected under the Data Protection Act 1988.
- Your insurance company may require us to send you a customer satisfaction survey, please tick here if you do not want to receive such mailings
- We may from time to time send you special offers and updates about the practice, please tick here if you do not want to receive such mailings

Signature..... Date.....