

<i>Patient Name</i>		<i>D.O.B</i>	
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Email Consent

We would like to contact you from time to time, with general health information and/or offers in the form of articles, advice or newsletters. You may withdraw this consent at any time using the 'Unsubscribe' link, or just let us know by any convenient method.

I am happy to be contacted at the following email address for the purpose outlined above.

<i>Email</i>			
<i>Signed by</i>	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian	For patients under the age of 16, a Parent/Guardian is required to sign.	
<i>Sign Here</i>		<i>Date</i>	

COMPLETE FOR CHIROPRACTIC APPOINTMENTS ONLY

Consent to Examination

- I consent to an appropriate physical examination.

<i>Signed by</i>	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian	For patients under the age of 16, a Parent/Guardian is required to sign.	
<i>Sign Here</i>		<i>Date</i>	

Consent to Treatment

- I have been given a summary of findings regarding my condition.
- I have been advised of treatment options and likely benefits.
- I have been advised of, and understood, the possible side effects and risks associated with treatment.
- I have had all my questions answered to my satisfaction.
- I have read and understood the Patient Privacy Notice (supplied separately)
- I consent to CHIROPRACTIC treatment

<i>Signed by</i>	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian	For patients under the age of 16, a Parent/Guardian is required to sign.	
<i>Sign Here</i>		<i>Date</i>	
<i>Reports</i>	May we send your report to your GP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMPLETE FOR ALL OTHER APPOINTMENTS (e.g. Massage/Reflexology)

- I have read and understood the Patient Privacy Notice (supplied separately)
- I consent to REFLEXOLOGY/MASSAGE/ACUPRESSURE treatment

<i>Signed by</i>	<input type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian	For patients under the age of 16, a Parent/Guardian is required to sign.	
<i>Sign Here</i>		<i>Date</i>	