broadwater osteopathic practice
exceptional treatment from head to toe

Name: DOB: / /

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 with 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.

NOTES REGARDING TREATMENT OF BABIES AND CHILDREN

- Sometimes babies can be unsettled after treatment (e.g. crying, not sleeping) for up to 2-3 days, as they adapt to the changes happening in their bodies. The symptoms, for which you have brought them to us for treatment, may also worsen temporarily.
- Children can be tired, achy or headachy after treatment for 2-3 days. They may feel sore or stiff post treatment too, the same as adults. Teenagers can also experience this.

ACUPUNCTURE & DRY NEEDLING

Acupuncture is generally very safe. Only single use, sterile, disposable needles are used in the clinic. Serious side effects are very rare – less than one per 10,000 treatments. Intended benefits of acupuncture aim to support your health and wellbeing in many ways, which your therapist will discuss with you. Based on research evidence the following adverse effects can occur during and after acupuncture: minor bleeding or bruising (3%), drowsiness (1%), mild pain at the needle site during treatment (1%), dizziness (0.6%),temporary mild aggravation of existing symptoms (less than 3%).You should tell your acupuncturist about this, but it is usually a good sign, pain not at the needle site (0.5%), nausea or feeling faint (0.3%), allergy or infection (up to 0.2%), bent or stuck needle (0.1%), headache (up to 0.1%), pneumothorax (0.0002 / less than 2 per 1 million). Although acupuncture is an established procedure, there may be adverse effects that have not been recorded. If you notice any of the above or notice anything unusual about your health following your treatment then you should contact your acupuncturist or GP straight away.

PRIVACY POLICY

I confirm that I have read and understood Broadwater Osteopathic Privacy Policy 2018. I understand how my details may be used, how information is shared and how my records are kept.

☐ Please tick box to opt in to receive a reminder call/text.

☐ Please tick box to opt in to receive emails for marketing and information purposes,.
(please note this is solely for the practice and not 3rd party marketing).

I consent to the retention and usage of my information as indicated in the policy and understand that I can change my consent to this at any time.

Patient's signature .....

Patient's full name .....

Telephone number ..... Date .....

Email address (if opt in). .....

TO BE COMPLETED AFTER CONSULTATION:

I confirm that the procedures of the examination and treatment have been explained to me and I 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, are safe and in my best interests. 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 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. A parent or guardian should sign on your behalf if you are under 16 years old.

1) Therapist Name ..... Patient signed ..... Date .....

2) Therapist Name ..... Patient signed ..... Date .....

3) Therapist Name ..... Patient signed ..... Date .....

FOR UNDER 16'S

4) Therapist Name .....Parent/guardian signed.....Date.....

Relationship to child .....

5) Therapist Name .....Parent/guardian signed.....Date.....

Relationship to child .....

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 .....

.....

.....

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..... Postcode .....

Signed.....Date .....

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

Details / Address .....

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.....

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.....Postcode .....

Signed.....Date .....

☐ Opt in text/call ☐ Opt in email ☐ Opt out of all

broadwater osteopathic practice

Surname: Date: / / Fee:

Please complete this first page of personal details and medical history as fully as possible. Please ignore the reverse of this form.

Mr/Mrs/Miss/Ms/Dr/Other ..... First Name ..... Surname .....

Date of birth ..... Age ..... Gender ..... Occupation .....

Children ( ) ..... Weight ..... Height ..... Smoker ..... Alcohol (units per week) .....

Telephone: Home ..... Work ..... Mobile .....

Address .....

..... Postcode .....

Email ..... Sports/Hobbies .....

GP ..... Telephone ..... Practice address .....

..... Postcode .....

Emergency contact: Name ..... Telephone ..... Relationship to you .....

Your practitioner will take a full history & examine you at your first visit. Filling out this form will make our records more complete & allow more treatment time.

Do you have a history of (Please tick the boxes. Add further details if you wish, or we can do that for you)	**YES**	**NO**
Cardiovascular problems (e.g. heart defects, angina, blood pressure chest pain, anaemia)		
Chest conditions (e.g. asthma, bronchitis, tuberculosis, infections)		
Bowel or stomach problems (e.g. IBS, colitis, ulcers, indigestion, gall bladder, abdominal pains or haemorrhoids)		
Urinary troubles (e.g. kidney stones, cystitis, prostate, bladder problems (frequent need to pass water)		
Gynaecological (e.g. pregnant, hysterectomy, flushes, painful or irregular periods, breast lumps)		
Tumours, cancer (where)		
Skin conditions (e.g. eczema, psoriasis, other rashes, easy bruising, allergic sensitivity)		
Hormone disorders (e.g. thyroid, diabetes)		
Neurological disorders (e.g. polio, Parkinsons, MS, ME)		
Head problems (e.g. headaches, epilepsy, dizziness, blackouts, loss of balance, tinnitus, loss of hearing)		
Allergies or special diets		
Childhood illness (e.g. rheumatic fever, mumps, chicken pox)		
Operations (other than mentioned above)		
Any other medical conditions (other than mentioned above)		
Road traffic accidents		

Referred/recommended by: ..... Left or right handed .....

What medication do you currently take: .....

.....

Please sign below to say that to the best of your knowledge this form has been filled out as fully and accurately as possible and that you will be responsible for any fees incurred (unless paid by a third party e.g. insurance). See our price list in the waiting area for details of current fees. (A parent or guardian should sign on your behalf if you are under 16 years old). By signing this form, you also consent to be contacted by the practice using any of the contact details you have provided on this form. Email and mobile numbers may also be used for marketing solely by the practice.

Signed ..... Date .....

Broadwater Osteopathic Practice Covid Consent

Patient Name: .....

In order to stay open and service your needs at this time, we have been required that you read the following statement and to sign that you consent to continue.

Statement on COVID-19

Staff Health

At this moment, **Our therapists** & their households are not exhibiting any symptoms of COVID19 infection.

Our therapists are testing their temperature on a daily basis and not attending if the level is raised

Hygeine

Our therapists are washing their hands between every patient, and at least once an hour otherwise.

Our therapists are wearing PPE in accordance to their own risk assessments.

Washing facilities and soap are available for everyone's use and patients are required to wash hands on entering the building or to use their own alcohol gel.

All sections of the couch, and any equipment used is cleaned with detergent wipes between every patient.

All touch points are wiped with detergent between patients, including sinks and taps

All commonly handled items (door handles, card machine, touch points) are disinfected between patients.

All laminated floors and vinyls are wiped regularly and again at the end of a session and end of the day. All carpets are vacummed at the end of the day and all laminated floors mopped. All washrooms are cleaned after use.

Distancing

Our therapists are maintaining social distancing measures, where possible, outside the practice and following government guidelines.

Patient and practitioner chairs have been placed at least 1.5m apart from each other.

Patients are booked at least 15 minutes apart to try to avoid interaction, to allow airborne droplets to fall, and to allow time for extra cleaning measures.

High Risk

Those in a high-risk demographic are strongly recommended NOT to receive care.

COVID-19

This virus appears to be spreading easily and is thought to spread mainly from person-to-person through people who are in close contact with one another (within about 1.5m) or through respiratory droplets produced when an infected person coughs or sneezes.

Whilst it is currently thought that people are most contagious when they are most symptomatic, it is possible some spread might be possible before people show symptoms.

Ultimately, we are doing all that we reasonably can to minimise risk whilst remaining open.
However, we cannot eliminate risk, especially as COVID-19 can be spread by those showing no symptoms.

- ☐ I understand that there is a risk of transmission of COVID-19 as a result of attending the clinic.
- ☐ I agree that **Broadwater Osteopathic Practice** cannot accept responsibility for transmission of COVID-19 should I become infected
- ☐ I have had the chance to ask all the questions I wish to at this time.

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

If you are under 16 years of age, this consent should be signed by a parent or guardian.