



CONSENT FORM

Initial Consultation

It has been explained to me during my consultation that:

1. I will be asked questions about my medical history and my presenting complaint
2. I may have to undress to underwear (or other suitable clothing) to allow the osteopath to carry out an examination
3. I may have to perform certain movements to assist with the examination
4. The osteopath may have to perform certain special manual tests on me during the examination
5. During the process of the examination, my symptoms may be provoked, or my condition may be aggravated temporarily
6. I can request a chaperone to be with me throughout the consultation
7. I can request that the examination and any treatment cease at any time

Treatment plan and risks

I declare that:

1. My presenting condition has been explained to me and that I understand that explanation
2. The treatment plan has been explained to me
3. The potential benefits and risks of any treatment technique have been explained to me
4. I am aware that although most patients report no adverse effects following osteopathic treatment, there may be some discomfort or temporary aggravation of symptoms

(Common reported post-treatment symptoms include stiffness, soreness, aching and fatigue; this usually lasts no longer than 48 hours post-treatment).

Cancellation Policy

I understand that a policy of 24-hours prior notice is required for cancellation of a booked appointment at Greenfields Osteopathic Practice or I may be required to pay for any missed appointment.

I hereby consent to examination and treatment at Greenfields Osteopathic Clinic according to the above conditions, and agree to abide by the cancellation policy.

General Data Protection Regulation (GDPR) Compliance.

I explicitly consent to you creating and storing medical records concerning my treatment, which may include details concerning my medication, treatment and other issues affecting my health conditions, in accordance with the General Data Protection Regulation (GDPR). I understand that these records will be retained for eight years, (or until I reach 25 in the case of someone aged 16 - 18), when treatment is ceased in order to comply legal guidance. I understand that these records will be processed in accordance with your 2018 Privacy Notice, a copy of which I have seen.

I have read and understood the above information and give my explicit consent:

Print Name: _____

(Name of patient, legal representative, parent or guardian)

Signed: _____

Date: _____



Communications

Appointments and administration

For future appointments and administration, our preferred communication route(s) is/are:

- Email
- Text message
- Phone call

Promotional Information

For the purposes of promoting healthcare including offers and advice the Practice would also like to stay in touch with you, with information that may be of interest to you.

For providing promotional information you can stay in touch with me using the following methods:

- Email
- Text message
- Phone call

I do not want to receive any promotional information

Signed: _____

Date: _____

Document control

Version	Author	Review date	Content / changes
1.0	John Atyeo, Registered Osteopath, Greenfields Osteopathic Practice	9/8/2018	Final version of consent form

Date of next review: 9/8/2019

	<p>John Atyeo BOst BScEcon, Registered Osteopath 01743 350582 / 07947 358294 www.greenfieldsosteopathy.co.uk</p>	 <p>I'M REGISTERED Registration no. 5532 www.osteopathy.org.uk</p>
---	--	---