

PERSONAL DETAILS			
Title	Sex M / F	Date of birth	/ / AGE:
First Name	Emergency contact name & number		
Surname			
ADDRESS			
House No	Home phone		
Road/ St	Mobile		
Area/ Town	Work mobile		
County	Email address		
Post Code			
GP / CONSULTANT			
Surgery Name	GP Name		
Surgery Address			
Consultant Name	Specialty		
Consultant Hospital			
MY REFERRAL SOURCE:		WHY I CHOSE THE PHYSIO STUDIO:	
<input type="checkbox"/> MY GP REFERRED ME <input type="checkbox"/> MY CONSULTANT REFERRED ME <input type="checkbox"/> I REFERRED MYSELF <input type="checkbox"/> MY INSURANCE COMPANY REFERRED ME		<input type="checkbox"/> WORD OF MOUTH RECOMMENDATION <input type="checkbox"/> SAW WEBSITE VIA SEARCH ENGINE <input type="checkbox"/> SAW FACEBOOK PAGE <input type="checkbox"/> PASSING BY/ SAW SIGNAGE	

GENERAL & COVID -19 CONSENT

- **I confirm** that if I have had COVID-19 symptoms or a positive COVID test result in the last 10 days, I have since followed current government guidelines for self- isolating for my particular circumstance.
- **I confirm** that if I have had close contact with someone with a positive COVID-19 test or have returned from abroad in the last 10 days I have since followed current government guidelines for self- isolating for my particular circumstance.
- **I confirm** that I feel that my symptoms need face to face treatment to resolve, understanding the risks.
- **I consent** to assessment & treatment at The Physio Studio with the knowledge that the benefits to me of this treatment must be greater than the possible risks of infection from COVID-19
- **I understand** that treatment may involve bodily contact, direct / indirect touch within the recommended COVID -19 government social distancing measure and that extra personal protective equipment will be used ie face mask, gloves and that **I must wear a mask** at all times.
- **I understand that if I have that certain factors & health conditions** that put me in the **HIGH RISK** category for COVID-19 ie. age >70, BMI >40, weakened immunity etc, the COVID-19 infection complications are greater.

CANCELLATION OF APPOINTMENTS

- **I will cancel my appointments without any penalty** if I, or anyone I have had close contact with has a +ve COVID-19 test and can only re-book once I have followed current government isolation guidance.
- The Physio Studio respectfully requests that if possible, **24 hours** notice is given if appointments need to be re-scheduled or cancelled.
- A non-attendance fee of **100%** of the cost of missed appointments may be charged if I do not attend a scheduled appointment or I cancel or re-schedule any appointment with less than **24 hours notice**.

HEALTH INSURANCE DETAILS (if applicable)

Health Insurance Provider			
Policy reference number		Authorisation No	

- I understand that **I am responsible** for any payments declined by my insurance company / other funder.
- I understand that I need to provide my **membership number** (and **authorisation code** if used) **before** treatment starts. The Physio Studio requires this information to **automatically process** claims on my behalf.
- I accept that I will need to pay the **self pay rate** until this information is provided and will not receive a refund of any self funded payments made before this time from The Physio Studio.
- I am aware that if I decide to then retrospectively claim funds back from my insurer myself, some insurance companies do not reimburse our full self pay rate charged at The Physio Studio.
- I understand that I am responsible for covering any **excess** outstanding on my Policy in payments made to The Physio Studio by any 3rd party or insurance company.
- I understand that some insurance providers do not have a fee agreement with The Physio Studio so my policy may not cover the full costs of The Physio Studio rates and **any shortfalls** in these rates are my responsibility.

BILLING & PAYMENTS

- I understand that the payment of all fees remains my **sole responsibility**
- I understand that all necessary measures will be taken by The Physio Studio to recover any outstanding payments.

DATA PROTECTION

- I understand that The Physio Studio releases **relevant medical information** to allow claims to be settled or letters to aid my treatment or communicate on my behalf I give consent for my **medical records & client details** to be stored electronically in accordance with the latest **GDPR legislation** using our Private Practice Software (PPS) & can find out more by requesting a copy of the Data Protection Policy from reception staff
- I understand that by providing my mobile phone number &/or email address, I am consenting to receiving helpful appointment confirmations and follow-up reminders to enable more effective communication
- I can 'opt-in' to receive occasional discounts and offers in future by ticking here.

DISCHARGE

- I understand that **3 months** after my last contact with The Physio Studio I may be discharged. Further treatment after this period may need a **full re-assessment** as things may have changed at the discretion of the therapist.

BY SIGNING, I UNDERSTAND AND AGREE TO ALL OF THE ABOVE.

PRINT PATIENT NAME _____ DATE _____

PARENT/ GUARDIAN (if under 16) _____ SIGNATURE _____

GENERAL HEALTH AND WELLBEING QUESTIONNAIRE					
NAME:			Date of Birth:		
Have you have any of the following symptoms in the last 10 days?					
Fever >38.5 deg	YES	NO	Sore throat or any cold symptoms	YES	NO
Cough	YES	NO	Changes in taste or smell	YES	NO
Have you had a positive LFT or PCR test for COVID-19 within the last 10 days? If Yes: Date _____?				YES	NO
If you have been a close contact of someone testing positive for COVID-19 in the last 10 days, have you had a positive LFT test since then?				YES	NO
Do you have any of the health conditions that puts you in the HIGH risk / shielding category for COVID19?				YES	NO

Have you RECENTLY noted any of the following? (please tick (✓) ALL that apply, IF ANY)			
Changes in bladder/ bowel habit	Regular episodes of pain at night	Fainting or blackouts	
Noticeable weight loss or gain	Loss in appetite	Difficulty keeping balance	
Shortness of breath on exertion	Increasing weakness or fatigue	Episodes of nausea or vomiting	
Fever / chills / night sweats on a regular basis	Headaches / dizziness / tingling / pins and needles / numbness	Difficulty swallowing / visual disturbances / tinnitus	

GENERAL MEDICAL HISTORY	YES	NO
Medications: Can you provide a list of any relevant medications for your therapist to note down and discuss		
Do you have any other known allergies? ie LATEX (used in medical gloves, nuts)?		
Is there any possibility you are pregnant?		
Do you have diabetes?		
Have you had any surgery which may affect your treatment?		
Do you have a known ongoing health condition for which you see a doctor about frequently?		
Do you have any metalwork or scars on your body? <i>pins, plates, joint replacements or piercings?</i>		
Have you been told you have problems with bone density/ thin or weak bones or osteoporosis?		
Do you bruise easily or take any blood thinning drugs?		
Do you wear a pacemaker?		
Do you have any problems with your heart or circulation? <i>i.e. heart attack, blood clots or stroke?</i>		
Do you have any problems with your breathing, chest or lungs?		
Would you say you feel particularly anxious or worried about anything at the moment?		

SIGNED _____ DATE _____

PARENT/ GUARDIAN (if under 16) _____

Important information about changes to our work practices at The Physio Studio

At The Physio Studio, the safety of our clinicians and patients is our first priority. That is why we have put new working practices and hygiene precautions in place in the clinic to reflect the challenges we face in the current COVID-19 pandemic. We have carefully scrutinised the most up to date advice we have received from the government and our professional body (The Chartered Society of Physiotherapy - CSP) and feel that we are taking every step to thoroughly implement their guidance. You can have confidence that you will receive the highest level of care from our clinicians with these measures in place.

What do I need to do at my first appointment?

1. Please do not come into our clinic if you are **displaying any possible signs of COVID-19, self-isolating, have travelled and are awaiting Covid test results** or have had a **positive COVID-19 test in the last 10 days** (unless test negative on LFT in accordance with the current government guidelines). Please inform us via telephone that you cannot attend as soon as possible. A virtual appointment can be offered as an alternative.
2. Please **print, sign & bring the attached forms** to your first appointment or if preferred, you could scan & email back to admin@physiostudio.com. If you are **unable** to print these forms, then please call to let us know so that a **health triage phonecall** (no charge) can be carried out instead before your appointment.
3. By **signing & providing these forms**, you are making a self-declaration that you are Covid safe before entering the clinic for your first and any future appointments. These measures are advised by our professional body (The Chartered Society of Physiotherapy) to check Covid status and risk.
4. Please take an **LFT test**, if able, before your appointments.
5. We are limiting use of our waiting room at present so are using a 'traffic light in the window' system to call patients into the building when the physio is ready.

* Your appointment confirmation SMS text message tells you which room your appointment will be in:

For appointments in Rooms 1, 2 & 3:-

- Drive through **Gate 2** of Newbold College as usual, bearing to the left, following the one way signs around the building.
- Drive around until you are facing the entry gates again
- Park so you can see your allocated **treatment window number and light (room 1, 2 or 3)** as indicated on your confirmation email and text message) from your car park space
- Please wait in your car until your appointment time
- Watch out for LED lights
 - **RED** for please wait in your car
 - **GREEN** please come up the green ramp to the front door
- Your therapist will be ready to open the door to welcome you into the treatment room
- Please watch the **video on our website** to see how this system works in practice

For appointments in Room 4:-

- Drive through **Gate 2** of Newbold College as usual, bearing to the left, following the one way signs around the building.
- Please park at the **back of the building** where you will see a **number 4** in the window. Come to the front door then **ring the bell** at your appointment time. You may also receive a text message to let you know that we are ready for you.

6. Please wear a **face covering** during your time in the clinic. Your physiotherapist will be wearing personal protective equipment (**apron, face mask & gloves**) during your appointment as treatment will involve being at a distance of less than the recommended social distancing 1m.
7. Between all appointments we carry out deep clean all surfaces and change the necessary PPE.

Thank you for helping us to maintain a safe environment for everyone at The Physio Studio so we can continue to care for those who need us at this time. We really appreciate your efforts to be robust in your own health precautions and hygiene practices as we do our absolute best to do so for you.