

Breckland Osteopaths



New Patient Treatment Consent Form

PLEASE READ THROUGH THIS FORM THOROUGHLY

Welcome to Breckland Osteopaths. Have you been to an osteopath before? **Yes** [] or **No** [] (please tick)

This form is to give you information about your consultation and treatment with your Osteopath and it is essential that you read all of it before signing it.

During your consultation, your Osteopath will take a detailed case history from you, including details of your current and past health issues. This is an essential part of your consultation and could influence the treatment you receive. It is therefore essential that you convey as much information to your Osteopath as required. This information is kept confidential in line with the Data Protection Act 1998.

After the case history has been taken, your practitioner will explain their thoughts regarding the nature of your complaint and discuss with you the examination they need to carry out.

Should you have any questions about your examination, please do not hesitate to discuss these with your practitioner beforehand and they will endeavor to answer any queries that may arise.

Following your examination, your practitioner will be able to explain their working diagnosis and outline the treatment plan they intend to use to alleviate the problem.

We will ensure that your Osteopathic consultation is a pleasant one and we will keep you informed throughout. However, should you have any questions or concerns at any point please ask your osteopath who will be happy to give you the information you require.

As part of our ongoing commitment to integrative patient care, there may be occasions when we will need to correspond with your G.P.

Should you **not** wish us to contact your G.P. please tick here []

I confirm that I have read and understood the contents of this form and hereby consent to my osteopathic treatment with either osteopaths Sarah Babington or Steven Tongue at Breckland Osteopaths

Signed: _____

Print name: _____

Date: _____