

NELL MEAD

PHYSIOTHERAPIST

CONSENT FORM

I, _____ (name) understand that in order to provide me with the best possible treatment, Nell Mead will need to retain medical records for my treatment sessions.

I give Nell Mead my consent to obtain information from the following individuals with regard to my care:

Consultant: _____ Initials

Insurer: _____ Initials

Other: _____ Initials

Payment information

I understand that payments for services received at Nell Mead Physiotherapist are my responsibility. If my claim is to be submitted directly to an outside agency for payment, and if for any reason the third party (eg insurer or employer) denies the claim and/or refuses to pay for any or all of the amount invoiced, I am responsible for paying the amount outstanding, within seven days of being requested to do so.

I understand that the fee for this service is:

Physiotherapy assessment £147 _____ Initials

No Show/Short Cancellation Fee

Should something vital crop up and you need to cancel, please contact my team on 0207 175 0150 and give as much notice as you can. I will accept cancellations without penalty if you give us more than 24 hours' notice; however without that notice, the following charges apply:

- Missed appointments without any notice – 100% fee required
- Cancellation within 24hrs of appointment - 50% fee required

I agree to abide by the terms of the cancellation policy as above: _____ Initials

 Lower ground, 33 Sun Street, London EC2M 2PY

 0207 175 0150

 nell@nellmead.com

Treatment information

Treatment techniques may include, but are not limited to: manual techniques, spinal manipulation and exercise. A number of these may be recommended during your treatment. It is Nell's policy to ensure the benefits, side effects and potential complications of each chosen technique are explained to you before use, as your participation in all aspects of the treatment is imperative to its success.

Throughout your treatment, if you have any questions or concerns about any recommended treatment you must inform Nell immediately so she can explain the treatment rationale and/or modify your treatment appropriately. If at any time you choose not to participate in the treatment or any portion of it, you must inform Nell immediately. Specific consent may be asked for treatments that involve assessment or spinal manipulation.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment programme with Nell Mead.

I understand that for the duration of my treatment, I may withdraw my consent at any time. I understand that I must inform Nell immediately if I would like to withdraw consent to any form of assessment or treatment.

Signed: _____

(If the patient is under the age of 18, a parent/guardian must sign for them)

Date: _____



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