

Patient Personal Record



Patient Identification

Title:	Forename(s):	Surname:
DOB:	Address:	
Postcode:		

We use this information to identify you and will store your data as per our privacy policy.

Contact Details

Home Phone Number:	Mobile Phone Number:
Email Address:	

We use this information to contact you regarding your appointments or to check on your progress.

Emergency contact name:	Contact number:
Relationship to contact:	

We use this information in the event of an emergency.

GP Name/Practice:

We use this information in the event you need us to contact your GP regarding your condition.

Do you give us consent to contact your GP if we should need to do so?

Yes No

Additional Information

Current occupation:
Reason for attending the clinic:
How did you hear about us:

This helps us to understand our patient demographics which is helpful for clinic marketing and staff training purposes.

From time to time, the Allsports Therapy would like to get in touch with you to keep you updated on our services, offers and promotions that might be of interested to you. Please tick how you wish to be contacted by, below.

Phone Yes No Email Yes No Text Message Yes No Post Yes No

IMPORTANT INFORMATION: Please read

- Payments are to be made at the end of each session, either by cash or Card. Appointments cancelled within 24 hours of the scheduled appointment time may still be charged at 50% of the appointment fee.
- By signing below, you agree to the terms and conditions of our privacy policy, which can be found at <http://www.allsportstherapy.co.uk/privacy-policy/>.
- "I hereby consent to being assessed and treated by the practitioner at Allsports Therapy and understand what is required of me as the patient. As the patient, I have the right to refuse any assessment or treatment techniques that I am not clear of or unhappy with."

Patient signature	Date:
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(If under 18 years of age, please can the parent/guardian present provide a signature)

THANK YOU FOR COMPLETING THIS FORM. WE WILL STORE THIS SAFELY ALONG WITH YOUR CLINICAL NOTES.