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*Thank you for choosing to have a course of physiotherapy treatment at **Complete Physiotherapy**.*

It is our aim to resolve your symptoms in the shortest period of time in order that you are able to return to all your daily activities safely. During your treatments we will ensure that you receive the best possible care at Complete Physiotherapy.

In order to gain optimal results from this course of physiotherapy we ask you to read the following information carefully.

During a physiotherapy appointment, the therapist will perform a physical assessment and often as a result the treatment will also be physical. Consequently you may be asked to:

- Undress to your underwear - gowns, shorts, vests are available.
- Perform movements or tests that may increase or reduce your symptoms.
- Be involved in some form of physical contact with the physiotherapist.

Physiotherapy should relieve your symptoms, however, certain treatments may initially increase your pain/symptoms prior to reducing them. Consequently it is not uncommon to feel an increase in pain/soreness later that day or the following day. If at any point post treatment you are concerned, please do not hesitate to contact us immediately.

Physiotherapy does have a very high success rate but recovery cannot be guaranteed with every patient.

During your physiotherapy appointment in order to ensure your comfort you are more than welcome to:

- Be accompanied by a friend or relative, or you may ask us to provide a chaperone. Patients under the age of 16 **MUST** be accompanied by a parent/guardian at all times.
- Ask the physiotherapist to stop treatment at any time.

It is your duty to inform the physiotherapist of any **MEDICAL CONDITION** that you suffer; it is also imperative that we are informed about any artificial metallic implants including pacemakers.

If you have any questions at any point throughout the course of your appointment, please do not hesitate to ask.

It is standard procedure for us to inform your GP of your attendance at our clinic.

Your treatment will often involve you being taught rehabilitation exercises to do at home. If you are required to use any exercise equipment you will be advised how to do so safely and effectively, we **do not advise you to use any alternative equipment**.

Occasionally, it may be necessary to refer patients for a further investigation (x-ray, ultrasound or MRI) or an onward consultation with a specialist. This will be done in the knowledge of your GP.

FEES

Prior to commencing your treatment we will need you to inform us of how you intend to pay for your treatment.

Private Health Insurance

For patients with private medical insurance, we are able to claim direct from your insurer on your behalf. We are recognised providers by ALL Medical Insurance Companies. Our invoice should be settled within 30 days of the invoice date. If your insurance company delay settlement you may be asked to settle the invoice.

It is your responsibility to identify and follow your insurance company's referral procedure. You may need to obtain a claim form and, if asked, obtain a letter of referral from your GP. You **MUST** be aware of your level of cover and whether an excess applies to your policy. If you have an excess you are required to pay this after each treatment until the excess amount has been reached.

Your insurance company will be charged at a previously agreed rate with Complete Physiotherapy.

Self-Paying Patients

If you are a self-paying patient, fees **MUST** be paid after the completion of each treatment. Our fees are displayed on the reception desk.

Payment is accepted by cash, cheque, debit or credit card.

Please tick the appropriate box:

I am responsible for the payment of my own fees.

I will authorise my health insurance company to discharge my fees.

Accounts must be settled within 30 days

YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENT IF YOU FAIL TO ATTEND OR CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTICE.

I hereby acknowledge receipt of the above information and agree to the terms and conditions set out on this form.

Signed: *Date:*

Printed: *Patient No:*