



INFORMED CONSENT

For our records we need to confirm that you have read, understood and answered all of the previous questions. If there is anything that you do not understand, please ask. Otherwise please read the following and sign below.

- To the best of my knowledge, the information that I have given is true, and I have not withheld any information concerning my health. I will keep the therapist updated on my health should there be any changes to answers given.
- I understand that there is a possibility I may experience some minor reactions as my body adjusts to the treatment. *Please ask if you would like more information on these.*
- I understand that the therapist does not diagnose illness, disease or any other physical or mental condition. I understand that this treatment is not a substitute for medical examination, diagnosis or treatment. Whilst I recognise that all due care will be taken by the therapist, I am aware that my participation in the treatment is voluntary.
- I understand that I may ask for information to enable me to understand the treatment that I am offered, and the therapist will inform me if a new treatment is to be used.
- I know that at any stage I may withdraw my consent for a given procedure or treatment without the need to explain myself.
- I am aware that there is a 24 hour cancellation policy, and if I do not arrive for my appointment or cancel within 24 hours of the appointment, I will be liable to pay the full fees for the appointment that I have missed.
- Under the Data Protection (1998) Act, we are required to advise our patients on our Data Protection policy. All Information provided will be treated as confidential, and will not be given to any other person/organisation without the written consent of the patient concerned.

Declaration:

I confirm that I have read and understand the above. I have had my treatment explained to me, I understand what procedures will be used and I give my consent for this to happen.

Signed:

Print Name:

Date: