

Belper Life-Fitness & Performance Physiotherapy

Health & Medical Screening

Insurance Company: P	olicy Number:	ID number:
Mr/Mrs/Miss/Ms Name (First/Last):		Date of Birth (D/M/Y)://
Address:	City:	Post Code:
Tel: Mobile: Work:		Home:
Email Address:		
Emergency Contact Name:	Emergency Contact	Геl:
GP Name:	GP Surgery/Address	:
Occupation:		
Please list any medical history, previous accidents, or injuri	es:	
Please list any current medications:		
How did you hear about the clinic?:		
Please TICK if you have a	ny current or history of th	
Please TICK if you have a	ny current or history of th	ne following issues
Please TICK if you have a possible of Allergies Cancer	ony current or history of th O HIV, Hel O Diabete	ne following issues patitis, or other blood diseases or disorders
Please TICK if you have a concept of Allergies Of Cancer Of Arthritis or Inflammatory joint disease	o Unexpla	patitis, or other blood diseases or disorders s or Epilepsy
Please TICK if you have a concept of Allergies Of Arthritis or Inflammatory joint disease Of Spondylosis or Spondylolisthesis	ony current or history of the HIV, Hele Diabete O Unexpla	ne following issues patitis, or other blood diseases or disorders s or Epilepsy nined numbness, tingling, or altered sensation
Please TICK if you have a concert of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss	o HIV, Hello Diabete O Unexpla O Disturba	ne following issues patitis, or other blood diseases or disorders s or Epilepsy hined numbness, tingling, or altered sensation ance or bladder or bowel
Please TICK if you have a concert of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets)	o HIV, Hello Diabete O Disturba O Altered O Dizzines	ne following issues patitis, or other blood diseases or disorders s or Epilepsy hined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area
Please TICK if you have a concer of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets) of Steroid medication/therapy	o HIV, Hello Diabete O Unexplate O Disturbate O Dizzines O Difficult	ne following issues patitis, or other blood diseases or disorders s or Epilepsy hined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area as, Drop attacks, or Altered vision
Please TICK if you have a concer of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets) of Steroid medication/therapy of Anticoagulant therapy (e.g. aspirin, warfarin, heparing	o HIV, Hello Diabete O Unexplate O Disturbate O Dizzines O Difficult O Heart of	ne following issues patitis, or other blood diseases or disorders s or Epilepsy hined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area as, Drop attacks, or Altered vision y swallowing or speaking
Please TICK if you have a concer of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets) of Steroid medication/therapy of Anticoagulant therapy (e.g. aspirin, warfarin, heparing Lower or Upper limb weakness	o HIV, Hele o Diabete o Unexplain o Altered o Dizzines o Difficult o Heart or O Night page	ne following issues patitis, or other blood diseases or disorders s or Epilepsy lined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area as, Drop attacks, or Altered vision y swallowing or speaking r respiratory conditions
Please TICK if you have a O Allergies O Cancer O Arthritis or Inflammatory joint disease O Spondylosis or Spondylolisthesis O Recent unexplained weight loss O Bone disease (e.g. osteoporosis/Pagets) O Steroid medication/therapy O Anticoagulant therapy (e.g. aspirin, warfarin, heparing Lower or Upper limb weakness O Previous surgery O Skin conditions	o HIV, Hello Diabete O Unexplate O Disturbate O Dizzines O Difficult O Heart of O Night pate	patitis, or other blood diseases or disorders sor Epilepsy sined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle areas, Drop attacks, or Altered vision y swallowing or speaking respiratory conditions ain or night sweats
Please TICK if you have a concer of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets) of Steroid medication/therapy of Anticoagulant therapy (e.g. aspirin, warfarin, heparing Lower or Upper limb weakness of Previous surgery	o HIV, Hello Diabete O Unexplate O Disturbate O Dizzines O Difficult O Heart of O Pregnar O High/lov	patitis, or other blood diseases or disorders sor Epilepsy sined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area so, Drop attacks, or Altered vision y swallowing or speaking respiratory conditions ain or night sweats
Please TICK if you have a concert of Allergies of Cancer of Arthritis or Inflammatory joint disease of Spondylosis or Spondylolisthesis of Recent unexplained weight loss of Bone disease (e.g. osteoporosis/Pagets) of Steroid medication/therapy of Anticoagulant therapy (e.g. aspirin, warfarin, heparing Lower or Upper limb weakness of Previous surgery of Skin conditions	o HIV, Hello Diabete O Unexplate O Disturbate O Dizzines O Difficult O Heart of O Pregnar O Heart di	patitis, or other blood diseases or disorders or Epilepsy sined numbness, tingling, or altered sensation ance or bladder or bowel sensation in the saddle area is, Drop attacks, or Altered vision y swallowing or speaking respiratory conditions ain or night sweats or Post Natal w blood pressure

Payment and Cancellation Policy

	PLEASE SIGN
I agree that if my medical circumstances change I will inform Belper Life-Fitness Physio	
prior to any treatment	
I agree that payment is to be collected at the end of each treatment.	
Insurance referrals: It is your responsibility to keep track of the treatments attended so you	
do not to exceed your coverage. Please check with your insurance provider. Any payment	
not covered by the insurance company will be your responsibility.	
I agree that if I miss or cancel an appointment with less than 24-hour notice I will pay 50%	
the cost of the treatment. I agree that health plans and insurers do not pay for missed	
appointments therefore I will cover the cost personally.	
I consent to assessment and treatment at Belper Life-Fitness Physio.	<u>-</u>

Signed patient/parent/gautatan	Signed patient/parent/guardian	Date
--------------------------------	--------------------------------	------

Consent & Data Protection

Please Complete the Statements below

Here at Belper Life-Fitness & Performance Physiotherapy and Belper Pilates Studio we take your privacy very seriously and we only use your personal information to provide the services you have requested from us. We do not share your information with any other parties in relation to your health unless you have given us your consent to do so. You have the right to withdraw your consent at any time regarding the below statements.

Please tick how you are happy to be contacted by us (Please Tick)

	YES	NO
TEXT		
PHONE		
EMAIL		
POST		
FACEBOOK		

Can we leave voicemails on the phone numbers you have provided us (Please Tick)

	YES	NO
MOBILE		
HOME		
WORK		

	YES	NO
Would you like to receive Text Message Appointment Reminders?		
Would you like to receive our monthly Pilates Timetable via email?		
(This will let you know of any class changes, cancellations (due to illness, weather, or holidays) and future courses. You can unsubscribe anytime)		
Approximately 3-4 times per year we send Clinic News or promotional offers via email?		
E.g. discounts, vouchers, special occasion offers, open days, free taster sessions. (Unsubscribe anytime). See Privacy Policies for the Clinic and Mail Chimp as required.		
Can we email you Exercise Programs relating to your Physiotherapy Treatment or Pilates Teaching?		
(These are via Rehab My Patient, visit their website to view their privacy policy)		
I understand that if I have booked a course of treatment or Pilates this non-refundable or transferrable to other courses or treatments under any circumstances.		
If you have been referred by an insurance provider or solicitor we may need to forward your records to them. I give my consent:		

Name Signed Date	
------------------	--