

NEW FOREST OSTEOPATHY

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PATIENT INFORMATION

Please read the following points related to your consultation:

- Your osteopath is fully qualified and registered with the General Osteopathic Council.
- Your consultation is normally made of case history taking, examination / test and some treatment.
- Your osteopath will compile a detailed case history, asking questions about your presenting complaint, medical history and general health to identify if osteopathic treatment is suitable for you at that time. In some rare cases (complex history or further investigation needed for example), your osteopath may decide that treatment is not appropriate at the time of the consultation.
- Your osteopath will carry out a thorough physical examination usually using touch and analysis of your body's movement.
- Your osteopath will normally ask you to remove some of your clothing (top and/or trousers) for the physical examination and treatment. If you feel uncomfortable, you can bring and wear a pair of shorts / loose T-shirt.
- If you choose, you may have a friend or relative present during the appointment.
- Once a diagnosis is reached, it will be explained to you and the treatment approach will be discussed with you. Your osteopath uses a wide range of manual techniques for your treatment such as gentle massage, rhythmic joint movement and muscle release techniques. Your osteopath may also carry out spinal manipulations which are short, quick movements to joints aimed at restoring normal joint function and mobility. Osteopathic treatment is always tailored to your needs.
- Your osteopath may show you exercises to do at home to fasten recovery and limit re-occurrence of your problem. He may also suggest ways to improve your posture.
- Osteopathy is concerned with the whole person therefore there are not a set number of treatments for your condition. Your osteopath will give you a prognosis and a time scale for recovery.
- After osteopathic treatment, some patients may experience soreness (similar to post-exercise) that may last up to 48h. If you have any concerns, please contact your osteopath to discuss.
- If you are currently taking medication , please bring your medication or your current prescription and bring a copy with you at your first appointment.
- Our Osteopaths are recognised by most insurance companies. If you intend to claim, please consult with your insurer to confirm the terms of your coverage.

Name:

Signature:

Date:

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POLICIES

I have read and agree to the following:

CONSULTATION POLICIES:

Consultations (home visits / online) are by appointment only. Your appointment time is set aside for you. If you must cancel or change an appointment, please notify us as soon as possible so that your allocated time may be used to help another person. You will be responsible for a cancellation charge of £ 40.00 for any appointment not cancelled 12 hours in advance. If you are late for your appointment, your consultation will only last for the remaining time of your allocated slot. Full consultation fees will still apply.

Name: _____ Signature: _____ Date: _____

PAYMENT POLICIES:

I hereby assume full financial responsibility for and agree (regardless of my insurance status) that I am ultimately responsible for the full payment on my and /or my dependent's accounts for all charges for professional services rendered and medical supplies received.

Full payment is due by the time that services are rendered.

I understand that a medical insurance contract is a contract either between an individual and the insurance company or between the employer for whom the individual works or is affiliated and the insurance carrier. This contract does not involve a contract between the practitioner and the insurance carrier. New Forest Osteopathy is not responsible for the collection of your insurance claim or for negotiating a settlement on a disputed claim, but will help out in the form of letters and explanations when necessary.

I agree that I am responsible for the fees that will be charged for any and all services and fees connected with investigation, litigation or collection.

I agree that I am responsible for customary bank fees charged for insufficient funds.

I permit a copy of this authorization and agreement to be used in place of the original.

Name: _____ Signature: _____ Date: _____