Fiona Lucas MSc, MCSP, MHPC
Unit 15, Cygnet Business Centre,
Hanley Swan WR8 0EA
01684 311986 07929822909
fiona@beechwoodphysiotherapy.co.uk

REFERRAL FORM

SURNAME: ____________________**FORENAME:**___________________**D.O.B:**___________

ADDRESS: ____

POSTCODE: _________________________

TELEPHONE :_______________________**(Home)** ___________________________**(Mobile)**

E-MAIL:____________________________

G.P._______________________________ **G.P ADDRESS:** ________________________

PROBLEM: ____

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REFERRAL TYPE: **GP** **CONSULTANT** **SELF** **OTHER**

CONSENT

I consent to the assessment & treatment recommended & performed by Fiona Lucas & / or Lynne Robinson of Beechwood Physiotherapy, in accordance with the governing body's professional guidelines. I understand that in order to do a thorough assessment & examination of the affected area, I may be asked to partially undress. Treatment options will be explained & discussed with me, & I will be given the opportunity to ask questions. Treatment may include exercises, mobilisation, manipulation, manual therapy techniques, soft tissue massage, acupuncture, or electrotherapy modalities.
I have the right to decline examination or treatment at any point.

GDPR

Beechwood Physiotherapy has a Data Protection Policy that complies with the General Data Protection Regulations (2018). The company collects personal data from its clients (patients & suppliers) that is specific, relevant & essential to maintain accurate clinical records. The company is legally required to maintain all patient clinical records for a period of 8 years following their last episode of care. That Data will not be shared with any third parties without your specific consent.
Please tick if you do not wish to be receive information, about the practice via Email ☐

COVID 19

I have undergone initial assessment, treatment advice and management via a telephone & or virtual consultation. ☐

I have completed and signed the **COVID19 Health Screening Questionnaire for Face to Face Consultation** honestly, & to the best of my ability. ☐

I understand the need to report any change in my general health, by telephone prior to the initial face to face consultation, and that this will be reviewed prior to any subsequent consultations ☐

The risk to me, my family, my therapist and their families and the wider public associated with face to face physiotherapy consultations have been explained to me. ☐

I accept those risks, and I wish to proceed with Face to Face consultation ☐

PATIENT SIGNATURE: ____________________ **PHYSIO SIGNATURE: ___________________________**

PRINT NAME: __________________________ **PRINT NAME: _________________________________**

DATE: ________________________________

POLICY REVIEW DATE: JULY 2020, or sooner in line with Government/PHE/Professional Regulatory Bodies advice.