

Patient Registration Form

PLEASE COMPLETE BOTH SIDES OF THE FORM IN FULL AND SIGN THE FORM BEFORE ANY TREATMENT CAN COMMENCE

*** Please make your excess payment to reception before your treatment commences.**

| | | | |
|---------|------|---|---------------|
| Title | Name | Surname | Date of birth |
| Address | | In the case of minors attending treatment, mobile and email details should be those of the person legally responsible for the child as they may be contacted regarding treatment and will also receive booking information. | |

| | |
|----------|---|
| | Mobile (parent) <input style="width:90%;" type="text"/> |
| | Home phone <input style="width:90%;" type="text"/> |
| Postcode | Email (parent) <input style="width:90%;" type="text"/> |

Consultant and GP details

GP name and address

Consultant name and address

How did you find us? (please circle giving details where applicable)

GP Consultant Google Friend/Family Local advert (please specify) Other?

Who is paying for your treatment? Please give full details below and make any excess payments at reception

I am paying for my own treatment

| | | | | |
|--|---|----------|---|-------|
| INSURANCE: Are you insured by one of the following companies? You must circle your insurance company below | | | | |
| <p>We require ALL of this information before we can claim treatment costs for you via your insurance. Unfortunately, due to the complexity of dealing with insurance companies, if you cannot supply all of this information we will require payment at the time of your appointment. If you supply this information following your initial appointment we will be able to commence claims directly with your insurance and reimburse you should we recover the cost from your insurer.</p> <p>Please note, if we ask you to pay for your appointment we will provide a receipt for the treatment, with the main therapist's name, and you will be able to claim the costs yourself directly from your insurance if you wish.</p> <p>* If you have an excess on your policy, you will be asked to pay that excess amount to us directly at your initial appointment. This will be held on your account and used to pay off the excess as it accumulates.</p> <p>For those patients on a cost share / co-insurance policy, we ask for a standard payment of £50 or £100 dependent on the level of share you must pay towards your treatment.</p> <p>Any over-payments made to Synergy will be refunded to you once all invoices have been processed and fully paid by your insurance company. We will suspend treatment in any case where monies are owed to Synergy and remain outstanding.</p> | BUPA | CIGNA UK | AXA PPP | AVIVA |
| | BUPA International | | | WPA |
| | Policy/Membership Number | | Authorisation code | |
| | How many sessions have you been pre-authorised? | | Enter excess amount that you are paying today here | |
| | | | | |
| | | | | |

INSURANCE CLAIMS YOU MUST MAKE YOURSELF: Are you insured by a company not listed above?

You must pay for your treatment at every session and we will provide a receipt for the treatment, with the main therapist's name, and you will be able to claim the costs yourself directly from your insurance. We are authorised to provide treatment for the majority of insurers but we don't accept payment from the insurance company.

It is still very important for you to let us know if you have a limit on the number of physio sessions you are covered for, because you may not be reimbursed by your insurance if you exceed these. You are responsible for knowing how many sessions you are authorised to attend.

| | |
|--|---|
| I acknowledge that in any circumstance where the insurance company fails to pay, I shall make payment to | How many sessions have you been pre-authorised? |
| Synergy within 30 days of being invoiced for the shortfall | |

Signed

Reminder service

We operate a courtesy reminder service using text and/or email. If you have ticked above that you do not wish this data to be used for marketing purposes, this will not affect your reminders. You may request that we remove this data from your record at any time.

Please do not rely on this service as it is your responsibility to attend your appointment. We hold no responsibility for any failure in you receiving our reminders and you will be charged according to our cancellation policy if you do not attend and we can show that the reminder was sent from our system.

Cancellation

We operate a 24 hour cancellation policy. If you give us less than 24 hours' notice, we reserve the right to charge 50% of the full session fee and you agree to pay that.

For failure to attend an appointment we reserve the right to charge the full appointment cost and you agree to pay this.

Under 16s & Parental Consent

For an initial assessment, consent can only be given by someone with "Parental Responsibility" for the child, as given below (please tick which applies to you):

Biological mother

For children born before these dates, the biological father and was married at the time of the child's birth

Biological father and named on the birth certificate for children born after December 1 2003 (England and Wales), April 15 2002 (NI) or May 4 2006 (Scotland)

You have been given the status of Responsible Parent by Court Order

Name of person with 'Parental Consent' _____

Date _____

Thereafter we require an adult to accompany an under 16 year old patient on every treatment session. However, the above named parent may allow a named adult to accompany a child to a treatment session in their place, but only by providing one of the following:

- an email to info@synergyphysio.co.uk giving the name of the accompanying adult and the date of the treatment they will attend, or
 - a letter that the accompanying adult will bring to the treatment session which has been signed and dated by the 'Responsible Parent'. These will be put in the patient notes.
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Treatment

Your therapist will outline clearly before commencing treatment what methods they will use and how they intend to treat you. You authorise the therapist to use these methods, but if you do not want a particular type of treatment please inform the therapist immediately.

Any exercises given to you will be clearly explained. Any exercise undertaken at home is at your own risk. If you feel any discomfort during exercise, stop immediately and consult your therapist. Synergy Physiotherapy will not be liable for any injuries that occur outside of our premises whilst you are performing exercises given to you by your therapist.

Professional Footballer Professional Indemnity

If either of the following applies to you, please make Synergy aware BEFORE any treatment can commence as we may be required to acquire additional insurance for the duration of your treatment:

- Are you a professional Footballer currently part of a National Team or Squad?
 - Are you employed by a Football club in the top two divisions of any Professional Football League?
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Data Protection

Patient confidentiality is of paramount concern to Synergy Physiotherapy. We are fully committed to compliance with current Data Protection legislation and medical confidentiality guidelines. You can read our full Privacy Policy on our website or we can send you this upon request.

Any consent that you provide for us to process your data can be withdrawn at any time by you by contacting us according to legislation.

We may need to contact your GP or consultant in relation to your condition. To consent to us sharing your information with your GP or consultant, please tick here:

We will not share your data with third parties, but we would like to contact you by email with information about this practice, our services and any offers or discounts that we are running.

To consent to receiving information about the services at Synergy Physiotherapy please tick here

To consent to receiving information about offers and discounts at Synergy Physiotherapy please tick here

We take part in research in collaboration with St Mary's University, Twickenham, regarding our patient outcomes. The information we send to them is anonymised (no personally identifiable data is used). To consent to information about your treatment outcomes being included, please tick here

I declare that the above data is true and complete to the best of my knowledge. I have read the above terms and conditions, understand them, and agree to them fully.

No treatment will be given without a signature of the patient (or guardian) below.

Signed (Patient)

Date

Parent/Guardian

Relationship to patient:
