# New patient health and consent form

Please complete this form before your appointment.

## Your details

Full name _____ Date of birth _____

Phone _____ Email _____

## Before your first appointment

Please answer these questions before we meet. They help me make sure treatment is safe and suitable for you. If an answer means we should talk first, I will contact you before your appointment.

If you have chest pain, difficulty breathing, or sudden weakness, numbness or confusion, don't wait for this appointment: call 999.

**What would you like help with?**

_____

_____

_____

**How long has this been going on? (tick one)**

☐ Less than 2 weeks
☐ 2 to 6 weeks
☐ 6 weeks to 3 months
☐ More than 3 months
☐ It isn't a problem I'm coming about

**Have you seen anyone else about this, such as your GP or another practitioner?**

☐ Yes ☐ No

## Your health

Some conditions and medicines change how treatment is done. A “yes” does not necessarily mean I cannot see you.

**Do any of these apply to you? (tick any that apply)**

☐ A heart condition, or high or low blood pressure
☐ Diabetes
☐ Epilepsy
☐ A bleeding disorder, or blood-thinning medication such as warfarin, apixaban or daily aspirin
☐ Osteoporosis
☐ Cancer, now or in the past
☐ Surgery, an injury or a fracture in the last six months
☐ Pregnant, or might be
☐ A skin condition, infection or open wound
☐ None of these

**Please list any medicines you take regularly, including ones you buy yourself.**

_____

_____

_____

**Do you have any allergies, for example to oils, latex, plasters or medicines?**

**Is there anything else about your health I should know?**

## Things that help me prepare

None of these affect whether I can see you.

**Your GP's name and surgery**

**Is there anything that would make your visit easier, such as access needs, or the name and pronouns you'd like me to use?**

## Your consent

Before any treatment I will explain what I suggest, why, and what it involves, and you can ask questions. Treatment may involve hands-on contact. Some techniques can leave you feeling sore or tired for a day or two.

You can ask me to stop or change anything at any time, and you can withdraw your consent at any point.

☐ **I have answered these questions truthfully, and I will tell you if my health or medication changes before a future appointment.**

☐ **I have read the information above and consent to assessment and treatment.**

Signature _____ Date _____

Full name _____

Template from praxbook.co.uk. Adapt it to your own practice, training and insurer's requirements before use.