

Massage Registration Form 1

Title First Name/s

Surname Date of Birth.....

Address

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Post Code..... Tel. Mobile

Email Occupation.....

GP name GP tel.

GP address

How did you find out about us?	Friend	Family	GP	Web	Facebook	YP	Advert	Chiropractor	Other
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Marital Status: S M P D S W

Lifestyle Active/Sedentary..... Hobbies.....

Main Complaint:..... Any Allergies:

Any major surgeries (please supply dates).....

Medication/medical treatment/s

Please answer these questions about your body's systems Yes or No. If you have areas to highlight and where appropriate give details.

Skeletal system Yes / No

Muscular system Yes / No

Nervous system..... Yes / No

Circulatory system Yes / No

Digestive system Yes / No

Respiratory system Yes / No

Gynaecologic system Yes / No

Genito/Urinary system Yes / No

Skin Yes / No

Ear Nose or Throat Yes / No

Any other areas you would like to mention

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Informed Consent to Massage at Back-in-Action

Before we can start your treatment programme, we need to gain your consent for any procedures we apply.

I have revealed details on all my past health issues, medical conditions, medications and any history of substance abuse and will inform you of any future changes.	Initial:
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I consent to an appropriate physical examination.	Initial:
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I will refrain from the use of recreational drugs or alcohol prior to treatment (i.e. not intoxicated in excess of the Legal Limit for driving).	Yes / No	Initial:
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Therapists using manual therapy techniques are required to inform patients that there are or maybe some rare risks associated with such treatment. Please read your **'Informed Consent to Massage'** carefully before your first treatment. If you are satisfied please sign. If you want to, you can discuss any issues with your Therapist before signing.

I have read the "Informed Consent to Massage". I am aware of the potential risks associated with Massage treatment.	Initial:
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I have had an opportunity, if I wished, to discuss the nature and purpose of the treatment and other procedures in general and my treatment in particular as well as the contents of this consent.	Yes / No	Initial:
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I understand that my treatment is a hands-on-therapy and I realize that the particular therapeutic outcomes of my treatment individually and jointly cannot be predicted with certainty. I understand that the therapist is providing a hands-on therapy service within their scope of practice. I hereby consent for my therapist to treat me with a hands-on therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist. I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that the therapy is not a substitute for a medical examination. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment.

Initial:

It has been explained to me that I have a contra-indication to treatment but I still wish to continue with this form of therapy and therefore I am signing this statement as a disclaimer.	Yes / No / N/A	Initial:
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If there is a contra-indication requiring GP consent for treatment. Do you give your consent?	Yes / No / N/A	Initial:
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I give my Informed Consent to treatment and understand that at any time I may withdraw my Consent and treatment will be stopped.	Signed:
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From time to time we collect information to prepare an anonymised statistical report for research purposes. I give my consent for my information to be used in these statistical reports.	Yes / No	Signed:
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We may on occasion contact your GP, to let them know what we have found and offer recommendations. Do you give your consent?	Yes / No	Signed:
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I consent for my e-mail address to be used for follow up information about my care and appointment reminders.	Yes / No / NA	Signed:
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I consent for my postal address to be used for follow up information about my care and appointment reminders.	Yes / No	Signed:
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I consent for my mobile number to be used for follow up information about my care and appointment reminders.	Yes / No / NA	Signed:
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I consent to receiving the Clinic Newsletter.	Yes / No	Signed:
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I consent to receiving Clinic Promotions.	Yes / No	Signed:
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Privacy Policy Summary

Data Protection Act 2018 (GDPR) – Your Personal Information is to be:

- 1) Processed lawfully, fairly and in a transparent manner
- 2) Collected for specific, explicit and legitimate purposes
- 3) Adequate, relevant and limited to what is necessary
- 4) Accurate and where necessary, kept up to date, with inaccuracies being erased or rectified without delay
- 5) Kept in a form that permits identification of you for no longer than is necessary for the purposes for which your Personal Data is processed
- 6) Processed in a manner that ensures appropriate security of your Personal Data including protection against unauthorized or unlawful processing and against accidental loss, destruction or damage.

Most Registration Forms are stored in the Clinic and the information on the forms and that of those who have requested Articles and / or Newsletters via the Website is entered in the Clinic Software.

The Clinic Software is backed up securely by our Data Processor Software Supplier to third-party Hosting Companies.

We also keep a list of first names and email addresses of patients and those who have requested Articles and / or Newsletters securely on our Website which is managed by another of our Data Processors.

Personal records are only released to third parties if authorized by you in writing or if required by a government agency.

You may choose at any time to have your Email Address Unsubscribed and / or to stop receiving mail or texts by notifying us by email or in writing.

I have read and understand the Summary of the Data Protection / Privacy Policy and consent to my personal data being held by Back-in Action. I am aware I can ask for a paper copy of the full Data Protection / Privacy Policy at any time or see it on the Back-in-Action website.

Signed:

The content of this form is accurate to the best of my knowledge.

Signed:

Date: