



COVID CASE ASSESSMENT FORM
BACK-IN-ACTION CHIROPRACTIC CLINIC
 Pain Relief, Rehabilitation, Prevention and Well-being

28 Cop Lane, Penwortham,
 Preston, PR1 0SR
 Tel: 01772 749389
 reception@back-in-action.com

First Name/s:		Surname:		Title:	Date:
Address:				Post Code:	
Phone:	Home	Work		Mobile	
Email:				Age:	
How did you find us?	Friend	Family	GP	Web	Facebook
	YP	Advert	Other		

How can we help you?

I consent to undergo an appropriate physical examination.	Yes / No	Initial:
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:

As you are sharing your personal information with us we need to let you know about our: Data Protection / Privacy Policy

Summary (If you want the detailed policy please ask for a paper copy or see our website www.back-in-action.com)

General Data Protection Regulation (GDPR) – Personal Information will 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 Data Subjects for no longer than is necessary for the purposes for which Personal Data is processed
- 6) Processed in a manner that ensures appropriate security of the 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 (Medical) records are kept for the period required by law and are only released to third parties if authorized by you in writing or if required by a government agency.

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.	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 e-mail address to be used for receiving the information about the clinic.	Yes/ No/ NA	Signed:
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