

CONSENT FORM

Client's Name:

Home Address:

Date of Birth: **Male** **Female**

Email:

Phone Number:

I, the client consent to physiotherapy assessment and treatment as deemed appropriate by Twinkle Patel , working on behalf of ASPIRE PHYSIOTHERAPY CARE Limited.

I have had the nature of the assessment and treatment explained fully.

I have also had the opportunity to ask any questions that I may have.

I am aware I am liable for any fees as set terms and conditions.

Appointments cancelled by myself or on my behalf with less than 24 hours' notice will incur a cancellation fee and any travel time due which I accept that I will be liable to pay.

I also consent / do not consent for videos and photographs to be taken as part of my Physiotherapy programme.

Dated:

ASPIRE PHYSIOTHERAPY CARE LIMITED

Physiotherapist signature :