**Osteopathy Works Horsham**

Welcome to Osteopathy Works Horsham. Please read the following information and if happy, complete this consent form. If you have any questions or concerns please ask.

During the consultation your osteopath will take a detailed case history from you, this will include details of your current and past health issues.

A physical examination will then take place, often requiring removal of some clothing (you are welcome to bring a chaperone). You will be asked to perform some movements e.g bending to the side. Palpation of the muscles to check muscle tone may be required. A local and global assessment is usually carried out.

Osteopaths use a variety of techniques to treat. This can be soft tissue massage techniques through to joint manipulation.

The number of treatments vary from person to person and it depends on the condition. Referrals will be made where necessary.

Ergonomic, lifestyle, hydrotherapy and exercise advice will be given where appropriate.

After a treatment, it is not unusual to feel sore or achy for a few hours, on rare occasions soreness can last for longer. Please let the osteopath know if you have any concerns following your treatment.

Spinal manipulations do carry some risks. The smallest reaction is soreness after. A very rare reported risk concerning neck manipulation is a stroke (referred to as a clause 20). The risk equates to you having a stroke whilst your head is extended over a sink at the hairdressers. For other areas of the spine vertebral adjustment can cause a theoretical risk of trauma to a disc. You have a right to refuse any technique at any time.

All your patient records are kept safe and confidential following GDPR guidelines. PPE and infection control guidelines are followed in the clinic.

A cancellation policy is in place. All missed appointments and appointments cancelled without 24hrs notice will be charged at the full rate.

I have read and understood the information above. I give my full consent to osteopathic examination and treatment from this date onwards. I am aware of potential side effects and in particular ‘clause 20’. I am aware of the clinics cancellation policy.

Patient Name (capitals)……………………………………………………………………………………………………

Signature (Patient/ Parent/Guardian)………………………………………………………………………………

Date…………………………………………………………………………………………………………………………………