



Miss Tripti R A Gyan MCSP HCPC Reg

Treatment Venues:

YMCA Health and Fitness
Therapy Room 1
4 Shakespeare Street
Nottingham, NG1 4FG

Carrington Pharmacy
343-345 Mansfield Road
Carrington
Nottingham, NG5 2DA
Tel: 07866 464 385
E-mail: tripti@triptigyan.com
Website: www.triptigyan.com

INFORMED CONSENT FOR PHYSIOTHERAPY

Dear Patient:

Thank you for choosing TG Physiotherapy Care. Physiotherapy involves physical evaluation and treatment. As with most forms of medical intervention, the response to individual treatment varies and cannot always be predicted as each person's condition is unique to him or her. Please read the following information for your safety and comfort during your visit with us. Like you, we regret all the paperwork and regulations. However, they are in place to safeguard you and make sure that both you as a patient, and we as professionals, can have a problem-free working relationship.

I,understand that:

- 1) I am attending TG Physiotherapy Care for physiotherapy assessment, evaluation and treatment. This will consist of history taking, movement analysis, various tests and measurements;
- 2) Treatment recommendations may include but are not limited to advice, manual therapy, acupuncture, electrotherapy, education, exercise and/or onward referral if necessary;
- 3) The exercises may include stretches, general movements, strength and conditioning work in the gym, and self-treatment at home;
- 4) The physiotherapist will explain the most recent research and clinical reasoning behind each of the treatment interventions, inform me of any potential risks, and options I have for alternatives;
- 5) I can ask my physiotherapist questions at any time;
- 6) I can stop my assessment or treatment at any time;
- 7) I have read, understood, and had the opportunity to discuss the Patient Informed Consent document with my Physiotherapist.

My signature below indicates my understanding of all of the above information.

Printed Name:

Signature:

Date:

If under 16 years of age, this consent form must be completed by a parent or guardian before treatment can be initiated.