



Quentin Shaw D.O. & Associates
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**Patient Information
And Consent Form**

- You will be seen by a fully Qualified Osteopath registered with the General Osteopathic Council.
- Please inform us if you need a chaperone. You are welcome to bring one to your treatments.
- The Osteopath needs to know about your health, past and present, and you will be asked detailed questions about your complaint, medical history, general health and any medication you may be taking. All information you provide is strictly confidential.
- It is understood that the Osteopath sees the area that is causing problems and any other areas which may be related to your condition. Sometimes the pain that you feel is referred pain or due to a musculoskeletal compensatory problem that originates elsewhere in the body. In order to establish a comprehensive diagnosis you will be asked to undress to your underwear. Shorts or leggings may be worn. There are clean shorts available for use at reception.
- The Osteopath will guide you through a series of physical examinations and specific tests in order to understand your condition and discuss the results with you.
- The Osteopath will make a diagnosis and formulate a treatment plan with your consent. Before treatment begins it is important to be aware that it is not uncommon and quite normal for the body to react with some discomfort (i.e. soreness, aching, stiffness) for 24-48 hours after treatment. Any other possible risks will be explained before treatment. If you are concerned about any reaction you experience please feel free to telephone the practice and we can arrange for the Osteopath to talk to you. Please do not hesitate to ask the Osteopath to stop the treatment and explain anything he/she says or does at any time during your appointment.
- After treatment, advice will be given to support the treatment. It may take several sessions before your condition is relieved depending on the complexity of the problem.
- Children under the age of 16 must be accompanied by their legal guardian.
- If you have any concerns about the care we have provided we would like to hear about it. There is a comments and suggestions box in the waiting room. Alternatively please leave a message with reception and the practice manager will contact you.

Title..... Name.....
Address.....
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I confirm that I have read and understood all of the above and consent to being treated in the manner described.
I confirm that I am responsible for payment of my fees.
It is our practice policy to request a minimum of 24 hours notice if you wish to cancel or are unable to attend an appointment – failure to do so will incur a charge of £20.

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Patient’s signature (parent or guardian if under 16) Date