



Self-referral & Consent Form

Please complete this form and return ASAP to livingfreephysio@outlook.com for confidential record keeping. Without this form, physiotherapy will be delayed.

Patient's Full Name	
Patient's Date of Birth	
Patient's Address	
Patient's Telephone Number	
Patient's E-mail Address	
GP Details (address, e-mail and telephone number)	
Insurance (and company) or Self-pay?	
Reason for Referral (and any other relevant information, including medications - please continue on further paper if required)	



As the named patient, I am aware I am consenting to private physiotherapy with Living Free Physiotherapy. I understand the physiotherapist (Emily Toal) has the necessary qualifications, registration and indemnity insurance to practice physiotherapy as clinically indicated, within her scope of practice. I confirm I have read, understood and agree to comply with both Living Free Physiotherapy's terms and conditions and privacy policy, before submitting this form as confirmation of my booking.

<i>Patient Name (print)</i>	<i>Patient Signature</i>	<i>Date</i>