

The Association of Chartered Physiotherapists in Animal Therapy
The Professionals in Animal Physiotherapy

PHYSIOTHERAPY TREATMENT AND CONSENT FORM

ANIMAL'S NAME:
REFERRING VET:
NAME & ADDRESS OF OWNER:
TEL:
EMAIL:
IS THE ANIMAL INSURED? YES/NO INSURANCE COMPANY:

An initial assessment must be carried out for each new condition presented.

After the initial assessment, if the service required is not in the remits of Everlasting Physiotherapy, they may decline to treat. In this instance a 50% charge will be charged and no further sessions booked.

It is not possible that any particular result or outcome can be guaranteed as a result of us providing the Services.

Treatment will be a mixture of evidence based and clinical experience. If you do not feel your treatment has been explained clearly, the client is within their right to ask for more details. The treatment will be on a session- by- session basis and will be reviewed regularly.

It is likely a home exercise plan will be prescribed to be completed between sessions. You are not obliged to complete these; but if you do not complete them, your progress in achieving the desired outcomes may be slowed down.

To ensure high standards of treatment and care I will:

- explain to you how physiotherapy can help your animal, including the benefits and risks associated with treatment.
- undertake an assessment prior to commencing any treatment and explain the results of this assessment to you.
- explain the treatment to be provided during each physiotherapy session.
- maintain contact with your veterinary surgeon during the course of treatment.
- upon completion of treatment, appropriate management advice will be provided. A written discharge summary will be sent to your veterinary surgeon.

If, for any reason, you are unhappy about your treatment, you:

- should inform me immediately to see if the matter can be resolved informally.
- are entitled to make a complaint. Complaints are treated seriously and your complaint will be dealt with promptly and professionally in accordance with my Complaints Policy.
- can view your treatment record at any time.
- can refuse further treatment.

Payment

Payment is to be made via bank transfer, card, cash or paypal to:

Emily Last

Business Account

Starling Bank

50119338

60-83-71

An invoice will be sent to the email address provided by the client, this can then be used to claim through insurance companies. Unfortunately, Everlasting Physiotherapy cannot deal with direct insurance claims. We are however happy to fill out any insurance forms necessary for you to claim back through insurance if relevant.

Cancellations

Cancellation fees are at the discretion of Everlasting Physiotherapy. In the unlikely event of illness, or medical reasons, no charge will be made for cancelled appointments. If the appointment is cancelled by the client within 24 hours with no medical reason provided, a 50% cancellation charge will be charged.

Everlasting Physiotherapy has the right to cancel/ rearrange appointments without fee, however a suitable replacement time and date will be provided.

Confidentiality

We shall treat all personal and business information supplied by you as confidential. We shall not disclose such information to any third party without your prior permission, except where required by law or where action might be necessary to protect you or someone else.

By signing these terms and conditions, you consent to a report of your physiotherapy sessions to be sent to your Veterinary Surgeon as deemed necessary by your physiotherapist.

Data Protection

We are registered under the Data Protection Act 1998 and we shall treat all personal data in accordance with the requirements of that Act. All clinical records will be kept in accordance to the Data Protection Act, and disposed of securely, as required by law.

COVID-19

The client takes all responsibility to inform the Practitioner of any COVID symptoms prior to the session, irrespective of vaccination status. If you or any household is currently isolating due to suspected symptoms, or have been informed by the Governments Track and Trace to isolate; you are required to cancel your appointment (at no charge) until this isolation period is over.

The therapist will wear full PPE in accordance with NHS standards; the client is expected to wear a face covering unless exempt.

I, THE OWNER/AGENT* OF/FOR* THE ANIMAL ABOVE, HEREBY GIVE MY CONSENT FOR PHYSIOTHERAPY ASSESSMENT AND A COURSE OF TREATMENT OF THE ABOVE ANIMAL.

*delete as necessary

SIGNED: _____ DATE: _____