



**Melanie Arazi BSc Hons MCSP HCPC APCP**  
**Highly Specialist Paediatric Physiotherapist**

[www.childrensphysioclinc.co.uk](http://www.childrensphysioclinc.co.uk)

**PHYSIOTHERAPY CONSENT FORM**

**Child's name:** ..... **DOB:** .....

**Home address:** .....

.....

**Email:** ..... **Tel:** .....

- I, the parent / guardian of the named child consent to physiotherapy assessment and treatment of my child as deemed appropriate by the named physiotherapist working on behalf of, The Children's Physiotherapy Clinic.
- I have had the opportunity to ask any questions I may have prior to assessment.
- I am aware I am liable for any fees as set out by, The Children's Physiotherapy Clinic terms and conditions. These can be accessed online at: [www.childrensphysioclinc.co.uk](http://www.childrensphysioclinc.co.uk)
- I am aware that I may withdraw consent for further assessment and treatment at any time.
- I am aware that individual appointments cancelled in under 24 hours will be liable for cancellation fee and any travel time due.
- I also consent (tick appropriate box/es) for videos and photographs to be taken and used for the following purposes:
  - Physiotherapy programme     Physiotherapy records     Teaching purposes
- I also  consent  do not consent for videos and photographs to be used for marketing / social media purposes by The Children's Physiotherapy Clinic.
- I also  consent  do not consent for The Children's Physiotherapy Clinic to share appropriate confidential information with other agencies when working in the interests of the child and family.

**Signed:** .....

**Relationship to child:** .....

**Name:** .....

**Date:** .....

**Tel No:** 020 8381 5677 / 07950 266 764

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