

PATIENT CONSENT FORMS

Name Case No.

CONSENT TO EXAMINATION

I consent to an appropriate physical examination.

Signed Date:

If you are under 16 years of age, this consent should be signed by a parent or legal guardian.

Signed Date:

CONSENT TO SUBLUXATION STATION SCAN

I consent to this procedure

Signed Date:

If you are under 16 years of age, this consent should be signed by a parent of legal guardian.

Signed Date:

CONSENT TO TREATMENT

I have read the pamphlet entitled "Your First Visit To a Chiropractor" and have been given a report of findings regarding my condition. I have been advised of, and understood, the possible risks of treatment and have had all my questions answered to my satisfaction. I consent to treatment as outlined to me.

Signed Date:

If you are under 16 years of age, this consent should be signed by a parent of legal guardian.

Signed Date:

CONSENT TO STORAGE OF PATIENT RECORDS

Under the Data Protection Act (1998), we are required to advise our patient(s) on our Data Protection Policy.

As part of Your Patient Record, this Clinic is required to retain information for the Purpose of Consultation for Treatment; the Recording to Subsequent Treatments; and Contact Details, for use by the Clinic Practitioners, Receptionists and Staff directly involved in the Patient Management of this Clinic.

Upon completion of the Patient Questionnaire and relevant consent forms, all paper files and information therein may be electronically stored on computer file for as long as the patient remains a patient at this Clinic, and thereafter for a period of 8 years.

All information provided will be treated as confidential, and will not be given to any other person(s) organisation(s) without the written consent of the patient concerned.

I the undersigned do hereby give consent to the Oxford Chiropractic Clinic, its Practitioners, Receptionists, and Staff to maintain records as required for the duration of my treatment as outlined above.

Signed Date:

If you are under 16 years of age, this consent should be signed by a parent or legal guardian.

Signed Date:
Parent/Guardian