



Patient Registration Form

Your Details:	
Title..... Forename..... Surname..... Date of Birth..... Email.....	Address..... Postcode..... Telephone..... Mobile.....
N.O.K & Relationship..... Telephone..... Email Address	GP..... Address..... Telephone.....
Name and Address of person dealing with invoices if different from above: Name: Address:	
If filling in this form on behalf of the person named above: Name: Relationship to individual: Reason for completing the form on their behalf:	
<p><u>Agreement</u></p> <p>The responsibility for the settlement of the physiotherapy account is and remains at all times the responsibility of the patient and/or guarantor. I hereby undertake to pay SB Physio Ltd (the practice) for services and materials relating to my treatment as a private patient, including any circumstances where medical insurance or third party proves not to cover the specific course of treatment. I declare that to the best of my knowledge the information given on this form is true and complete. I agree to being receiving emails regarding my care from SB Physiotherapy. I have read and agree to the privacy policy.</p> <p>Please note that 24 hours notice must be given for cancellation of a session. If you fail to attend a session without 24 hours notice you may incur the full cost of the session.</p> <p>I agree to these terms and conditions</p> <p>Signature..... Date.....</p> <p>(Parent or guardian if under 16)</p>	