



Please complete as many details as possible and bring to your appointment

Name ..... DOB.....

Address.....

Tel No(s).....

Email address.....

Occupation.....

GP details.....

Payment method (please provide insurance policy number. Payments can be made by debit card/cash/cheque please provide card number, start and expiry date)

Sport/exercise(please include how often)

Description of current problem

When did it begin?

Any previous episodes?

Other relevant injuries

Do you have a history of any of the following conditions (please provide details)

Blood pressure	yes/no	Diabetes	yes/no
Cancer	yes/no	Osteoporosis	yes/no
Rheumatoid Arthritis	yes/no	Recent surgery/illnesses	yes/no
Anti-coagulant medication	yes/no	Steroid medication	yes/no

Additional information –

Sportsmed East, PO Box 756, Kesgrave, Ipswich, Suffolk, IP5 2ZD  
Tel: (01473) 612487 Fax: (01473) 612487 Email: [info@sportsmedeast.co.uk](mailto:info@sportsmedeast.co.uk)



**Consent to assessment and treatment**

Please read carefully and sign where indicated. By signing this form you are consenting to assessment and treatment by one of Sportsmed East’s clinicians. In addition they will hold acquire and use personal data.

They will investigate your problem through assessment, in the form of questioning followed by a physical examination. This may require undressing dependent on the area of complaint. You are welcome to bring along or ask for a chaperone at any stage of the assessment or treatment. It is essential that children under sixteen are chaperoned. You are encouraged to ask questions at any stage during your session and have the right to decline treatment at any stage without any due prejudice.

The clinician will discuss treatment options available and a plan of management will be jointly agreed between patient and clinician.

It is Sportsmed East’s policy to inform your GP of any treatment and outcome following your discharge. Should you not wish us to contact your GP please inform your clinician.

I agree to the above

Signed

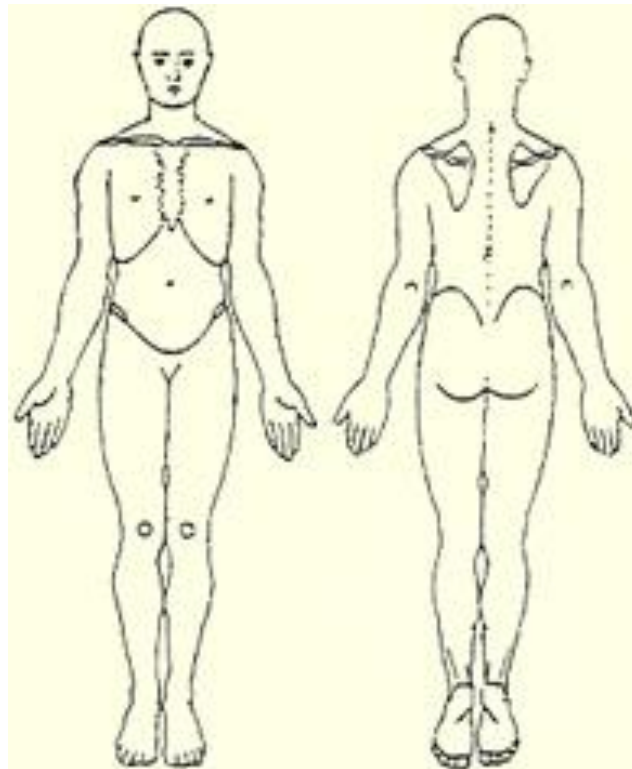
..... (Parent/guardian if under 16)

Print Name

Date

.....

.....



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Directors: Mr Mark Bowditch, FRCS (Tr & Orth), Dr David Hodgkinson FRCS FRCP FCEM, Mr David Williams MSC MCSP MHPC