

# Postnatal Physiotherapy Consent Form

Full Name:

Date of Birth:

Address:

Mobile:

Email address:

Usual GP (and practice):

Planned Return to work: MM / YY or N/A

## Emergency contact:

Name:

Relationship to you:

Mobile:

## Pregnancy and Birth Details:

Date of delivery: \_\_\_ / \_\_\_ / \_\_\_\_\_

Gestation at delivery: \_\_\_\_\_ Weeks

Type of delivery (Vaginal +/-  
Ventouse/Forceps, Cesarean):

Multiple birth? Y / N

No. of pregnancies (including  
any not to term):

No. and type of previous  
deliveries:

6 week check-up completed Y / N

Any issues highlighted  
during 6 week check?

Breastfeeding Y / N

Have you recently stopped  
breastfeeding? Y / N

Post-Natal bleeding stopped Y / N

Recent Intrauterine Device  
(IUD) fitted? Y / N

Issues during and after pregnancy Eg. birth complications, illnesses, recent GP visits:

.....  
.....  
.....

Are you under the care of any other healthcare professional / personal trainer / osteopath / chiropractor / massage therapist / acupuncturist etc.? **Y / N** If **yes**, please give details below:

.....  
.....  
.....

Exercise type, level and frequency:

Pre-Prenancy: .....

Prenatal: .....

Postnatal: .....

Reason for wanting Physiotherapy: .....

.....

## Agreement: Please read in full

- I agree to inform the Physiotherapist of any change to my health, or of any condition that would affect my ability to participate in these sessions, prior to the commencement of a session. I am aware that failing to disclose pertinent information may hinder the Physiotherapist's ability to provide the most effective and safe treatment.
- It is my responsibility to inform any medical professional that I am currently under the care of that I am commencing Physiotherapy treatment.
- My assessment and treatment will be provided by a Chartered Physiotherapist registered with the HCPC and a member of the CSP. They are also qualified in holistic and sports massage, antenatal and postnatal Pilates and are Women's Health trained.
- I am aware that I may be asked to remove clothing to expose necessary areas for assessment and treatment and I will let the Physiotherapist know if I am uncomfortable with this or any of the assessment or treatment techniques used during the session.
- I am aware that the Physiotherapist will endeavour to explain the tests and techniques used and the likely cause of the problem and I am welcome to ask questions at any time. Should I wish to withdraw or refuse my consent for any of the assessment and treatment techniques offered to me, I will clearly communicate this to the Physiotherapist, at the time, to avoid any confusion.
- I am aware that there is no guarantee that the treatment will help the condition / problem that I am seeking treatment for and that there is a risk that treatment will cause some discomfort or aggravation of the existing condition initially. Should this pain/discomfort significantly impact my everyday life or exacerbate any previous issues, I will notify the Physiotherapist in good time, prior to my next session.
- If the Physiotherapist is concerned about the safety of participation, the session may be cancelled or rescheduled (with refund available as appropriate, at the Physiotherapist's discretion).
- I recognise that every effort is made to ensure all the equipment used in these sessions is in good condition but should I notice any deficits in the equipment, I will not use it and will notify the Physiotherapist immediately.
- I recognise that use of the resistance bands is optional and that protective eyewear (normal glasses do not count) is recommended whilst using these, in case of the band snapping. I note that I am responsible for providing and using such eyewear.

By signing below:

- You acknowledge that you have read the above and agree to notify the therapist if there are any changes in your life which might affect your participation or safety in these classes.
  - You agree that the health information you have provided on the health questionnaire is accurate and complete to the best of your knowledge.
  - You explicitly consent to the processing of the personal and sensitive data you have included in this and the health questionnaire form and from any interactions with the Physiotherapist thereafter, in accordance with the therapist's Privacy Policy (available on request).
  - You acknowledge that attendance at any subsequent session(s) is taken as consent to that session.
- I am happy to be included in videos and/or photos of the session(s) that will be uploaded publicly
- I agree to receive information about upcoming offers via email or text

Name: ..... Signature: ..... Date: .....