

## Consent form

I understand that today's consultation process will include a case history and discussion of my symptoms. It may also involve a physical/orthopaedic/neurological examination if my clinician feels it is appropriate. I understand that I can ask questions at any point and that I can remove my consent if I wish.

**(PLEASE INITIAL THE BOXES AS APPROPRIATE)**

- To the best of my ability I understand the above and I agree as indicated.
- I consent to be examined by the clinician.
- I consent for my email to be added to the PBM Therapy Clinic database so that I can receive information relating to my treatment, Clinic information or new PBM Therapy research. I understand that I can unsubscribe at any time and an unsubscribe link will be on each email.
- I consent for my email to be added to the WellBeing Clinic database so that I can receive information relating to my treatment from my clinician, Clinic information or new research. I understand that I can unsubscribe at any time and unsubscribe link will be on each email.
- I understand my clinician will update my GP with their findings from today as part of the Joined-Up Healthcare methodology, and that details of my medical information will be shared.
- I understand that my clinician may need to correspond further with my GP and that details of my medical information – records/Progress Questionnaire/reports/imaging/test results/treatment notes – may be exchanged.

**Consent – prior to treatment starting (PLEASE INITIAL THE BOXES AS APPROPRIATE)**

- I have discussed my symptoms/problem(s) and had the treatment process explained to me and I understand that the realistic aims/objectives of treatment are:
  - Improve/manage symptoms
  - Limitations of care.....
  - Resolve symptoms/speed up healing
  - Other.....

- I have had the opportunity to ask questions and clarify anything that I do not understand.

Based on your clinician's experience and evidence-based medicine, your treatment requirements now are as follows:

- Initial Treatment Phase**.....**treatment(s) a week for .....weeks.** For most people within this period we would anticipate you seeing an improvement in some, a combination, or all of your symptoms.

Self-hep advice:

- 1) Water – try to drink 1.5-2.5 litres in the 24 hours following each session.
- 2) Other.....



**Progress Checks** – we aim to discuss your progress with you (face-to-face or by telephone) every 6 sessions or so.

Notes:

- 1) There may not be a change in all your symptoms at the first Progress Check – we are seeking an indication that your body is responding to the therapy i.e. any improvement will mean you are in the responsive group.
- 2) Occasionally some patients feel worse before they feel better, especially in the initial phase.
- 3) If you are at all concerned, you don't need to wait for a Progress Check – just let reception know and they will arrange a call with a clinician.

When you have completed the **Initial Treatment Phase** if you have seen no progress at all then we will discuss your options with you – there are a small number of people who may not see any improvement after this time and we usually advise these people to stop.

I understand that if I alter my plan i.e. I miss/cancel/re-book appointments it is very likely to affect my progress.

Further investigations discussed/advised today.....

I have received answers to clarify any points which were unclear to me and **I agree to receive PBM Therapy treatment.**

Signed.....Date.....

**When no treatment is given**

I understand the reason(s) I have not been treated today and I have had it explained to me that the best course of action for me is to be referred to my GP/onwards for a Consultants opinion. The merits of being referred for a NHS/private opinion have also been discussed so I am fully aware of my options.

Signed.....Date.....

**Consent – for minors**

(delete as appropriate)

I ..... hereby give consent for my son/daughter  
(print your name)

.....to be given PBM Therapy at the PBM Therapy Clinic.  
(print child's name)

Signed.....Date.....