Science Fact - Not Science Fiction

Name: ……..
D.O.B: ……..……...

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……

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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……..

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