

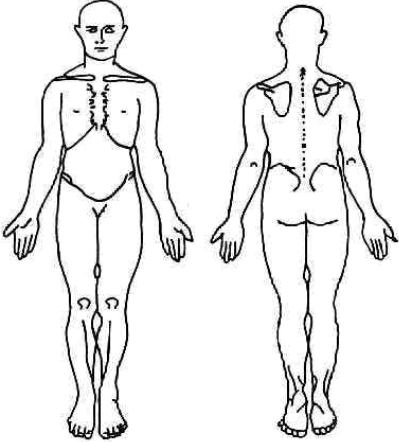


| Personal Details | |
|-------------------|--|
| Name | |
| Date of Birth | |
| Address | |
| Phone number | |
| Email address | |
| Doctor Name | |
| Doctor Address | |
| Sporting Activity | |

| How did you hear about us? (Please tick) | | | |
|--|--------------------------|-------------------|--------------------------|
| Online | <input type="checkbox"/> | Facebook | <input type="checkbox"/> |
| Poster | <input type="checkbox"/> | Leaflet | <input type="checkbox"/> |
| Friend/Family/Colleague | <input type="checkbox"/> | Email | <input type="checkbox"/> |
| Kent Sport Staff | <input type="checkbox"/> | University Staff | <input type="checkbox"/> |
| Event:10k/VCCup/Pilgrims | <input type="checkbox"/> | Fitness Suite | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Canterbury Hockey | <input type="checkbox"/> |

| Medical Details | | | | | |
|--|--|---|--|-----------------------------|--|
| Please highlight any of the following which you have/ have had in the past: | | | | | |
| YES/NO | | YES/NO | | YES/NO | |
| Unexplained weight loss | | Bilateral Pins and Needles in feet | | Fatigue | |
| History of cancer | | Unsteady with walking | | Fibromyalgia | |
| Diabetes | | Bladder/Bowel problems | | Hernia | |
| Epilepsy | | Saddle Anaesthesia | | Hepatitis | |
| Asthma | | Inability to lie flat | | Tuberculosis | |
| Heart problems/Stroke | | Facial/Tongue pins and needles/numbness | | Are you currently pregnant? | |
| Raised blood pressure | | Nausea | | Kidney disease | |
| Anxiety/Depression | | Shortness of breath | | Use of orthotics | |
| Any other conditions/comments from YES with dates and descriptions | | | | | |
| Orthopaedic Conditions | | | | | |
| YES/NO | | YES/NO | | YES/NO | |
| Arthritis | | Limited joint range | | Joint replacement | |
| Broken bones | | Scoliosis | | Slipped discs | |
| Sprains/Strains | | Congenital hip dislocations | | Dislocated/subluxed joints | |
| Any other conditions/comments from YES with dates and descriptions | | | | | |
| Have you had any investigations/treatments/medication linked to your current injury? E.g. MRI, X-Ray | | | | | |
| | | | | | |
| Have you had any investigations/treatments/medication linked to your previous injury? E.g. MRI | | | | | |
| | | | | | |

Body Chart



Description of current injury

DATA PROTECTION STATEMENT

Your consultations at the **Kent Sports Clinic** are treated as confidential as far as is permitted by the General Data Protection Regulation (EU) 2016/679 (“GDPR”) and Data Protection Act 1998. We are registered with the Information Commissioner’s Office as a Data Controller (Reg No.Z6847902).

As part of our treatment of you, we are required by law to make a record of your care with us. You have a right to see these records if you wish. We are required to store your records for a legally determined period after your treatment with us has finished. Generally, adult records will be stored for 7 years, and children’s (persons under 18 years of age) records will be stored until they are 26 years old. Records may be stored for longer for other patient groups. Once the retention period has expired, the records will be securely and permanently destroyed. Records will be stored electronically and paper details will be destroyed after inputting onto the system.

We may need to share some of the information you give us, or that we find through examination, with other health professionals in order to give you the best available advice and treatment. We will always seek to ensure that you are aware of the communication we have with other health professionals before communication commences. You have the right to prevent us sharing information. If you expressly forbid us from sharing information with other health professionals directly involved in your care, then it may prevent us from giving you the most appropriate care, and in extreme cases may mean we cannot treat you.

We do not share your information with third parties (such as solicitors or employers) without obtaining your written permission beforehand. We will tell you who is asking for the information, what they are asking for, and what they need the information for. You can choose whether you give us written permission. If you do not give your permission, then it may prevent us from helping others to assist you, and in extreme cases may mean we cannot treat you.

There are certain limited circumstances in which the law requires us to share information with others, even if you tell us not to.

If you have any concerns about how we collect, store or use the information we hold about you, please talk to us about your concerns and we will be happy to discuss it with you.

STUDENT-LED APPOINTMENTS

I acknowledge that the hands-on care and advice I am to receive whilst at the Kent Sports Clinic will solely be performed by a student therapist currently studying BSc (Hons) Sports Therapy & Rehabilitation at the University of Kent, under supervision from a qualified practitioner.

I understand the student(s) are supervised by a qualified practitioner and I have the right to express any concerns to the supervisor without fear of offending or scrutiny.

I am able to ask any questions to the student(s) and/or supervisor and I am allowed to provide detailed feedback to the student(s) to ensure I am happy with my care. Lastly, I have the right to decline any care I do not wish to receive.

PATIENT CONSENT INFORMATION

I agree in giving my consent to be assessed and treated by the Kent Sports Clinic Team. I am aware these assessments and treatments may involve being asked to remove clothing that is appropriate to my injury site.

I am also aware that I may be asked to be videoed in order to provide key information for walking, running or sporting movement as part of the assessment. However I will always be asked for my consent to do this and understand any footage used will not be shared and will be deleted after my treatment has finished.

I realise that refusal to give my consent to these types of assessments and treatments will not affect any further access to medical care from the Kent Sports Clinic.

The Kent Sports Clinic and Kent Sport may contact you with follow up emails, offers and promotions. At no point will we sell or share your details with third parties.

Please note you may be charged the full amount of your appointment if you fail to give 24 hours' notice of your cancellation.

AUTHORISATION

The information below will be stored securely in accordance with the General Data Protection Regulation (EU) 2016/679 (“GDPR”) and Data Protection Act (1998).

I _____, Date of Birth _____

(PRINT NAME)

- I give consent for you to contact me.
- I have read and understood the notes on **informed consent** and fully understand them.
- I have read and understood the **Data Protection Statement**.
- Student-led appointments: I confirm my understanding and consent to student Sports Therapy & Rehabilitation services.

Signed _____

Date _____