

Treatment Environment Information

We frequently provide treatment to adult football players - in open changing rooms and facilities, to which players and other people have access. It is difficult to maintain confidentiality in these circumstances and if we are to comply with current legislation and best practice, we would feel more comfortable if you were aware of, and consent to, the following:-

1. Any treatment and rehabilitation administered may take place in open changing rooms, treatment rooms, and gyms, training grounds, pitches or other environments at which we are working.
2. Changing and shower facilities are shared with others.
3. Other people may be in and around areas in which we may be carrying out treatments. Medical confidentiality is impossible to guarantee in these environments – if you wish to keep any treatments private and confidential alternative arrangements will need to be made –please let us know.
4. We cannot accept responsibility for the consequences of the actions, comments or behaviour of others in the football environment.
5. From time to time we have other health professionals, masseurs, sports therapists and work experience individuals working with us. They may be involved in providing or observing treatments and rehabilitation.
6. We use various technologies to communicate with patients including, e-mails, text messaging, Twitter & Facebook. These networks are not secure and you should not communicate anything to us via these methods that you do not want to be in the public domain.
7. In order to record injuries we frequently make a photographic record – to which we hold the copyright – these records may be later used on our web site and for presentations, promotional and educational purposes. By signing this form you and the patient agree to their use in such circumstances
8. You are welcome to have someone else, (a Chaperone,) accompany you at any treatment/rehabilitation sessions but this has to be done by prior arrangement and will not be possible during team training /rehabilitation.

Provided you understand and agree to any treatments being delivered in the above environment and circumstances please complete the below consent declaration and return it to us

Feel free to contact us if you have any questions.

Steve Snelling BSc (Hons) MCSP

IDate of BirthAged.....
Print Name Print Date of Birth Print Age

I have read and understood the above points and consent, unconditionally, to any past, present or future conditions being assessed and treated in the above environment or circumstances, by Steve Snelling & anyone working under his direction or guidance.

Signed Date
Sign Name Print Date

Contact Details E-mail
Print Home & Mobile Numbers Print E-mail Details

