

South Bristol Voice Therapy

southbristolvoicetherapy.co.uk

07914 933160

c/o Wells Road Osteopaths, 253 Wells Road, Bristol BS4 2PH 0117 971 0221

The following agreements may be changed at any time by completing a new form

Name		Date of Birth	
Address		GP Details:	
Telephone	Home:		Mobile:
E-mail			

How did you find out about South Bristol Voice Therapy?

Web search Pinterest Facebook helpwithtalking.com

Recommendation/Referred by: _____

Brochure or card from _____ Other _____

Please circle the answers to the following questions, sign and return to me at the above address before your appointment:

I understand that by attending an appointment I am giving consent for therapy. YES NO

Have you/your child ever had NHS speech and language therapy? YES NO

Are you happy for me to discuss your/your child's therapy with any current or future NHS therapist, or other professional (e.g. doctor, nursery, teacher) and obtain written and/or verbal information from them? YES NO

Are you happy for reports to be sent to various professionals involved with you/your child (including NHS Speech and Language Therapy)? YES NO

Do you agree to my communicating with you and other professionals via email, and accept the risk that this may not be absolutely confidential? YES NO

Have you read through my schedule of fees? (see website or brochure) YES NO

Insurance Claim No. _____ Provider: _____
I understand I am liable for any fees not paid by my provider YES NO

If not insured. Do you agree to pay my fees (including travel fees, and report writing) at the end of an appointment, by cash or cheque? YES NO

Do you agree to pay the full fee due if you cancel an appointment with less than 24 hours notice, or fail to attend an appointment? YES NO

Signed: Date:

Name of parent/guardian: (if applicable)