

## Terms of Service

1. I consent to the assessment and treatment recommended and performed by My Physio Ltd in accordance with the CSP Professional Guidelines. I understand that before any treatment is carried out, a full explanation of the purpose and any risk of that treatment will be provided. I understand that should I wish to decline any form of assessment or treatment, then I am entirely within my right to do so and that I should inform the physiotherapist of my wishes at the time.
2. I understand that it is important that I give the most accurate health history and information to my physiotherapist so that any planned treatments and therapies are in my best interest.
3. I understand that payment is required after each attended session.
4. I confirm that if I am covered by medical insurance, that for whatever reason the
5. 24 hours notice is required for all cancellations
6. Less than 24 hours notice will incur 100% fee charge.

By signing below, I am in agreement with the above conditions.

Signed:

Name:

Date: