



## Consent Form for Osteopathic Examination and Treatment

*Attuned Osteopathy request that you, the patient, read and sign this form before receiving osteopathic treatment from Attuned.*

**Please read carefully:**

1. I consent to osteopathic treatment
2. I understand I may be required to remove outer garments for an accurate osteopathic examination
3. In some cases, examination or treatment procedures which form the normal part of the practice of an Osteopath, may involve sensitive areas of the body. In such cases this will be fully discussed prior to any treatment.
4. I consent to the Osteopath contacting my GP or other health professional if required. Should this be necessary it will be fully discussed prior to communication with any health provider.
5. Payment is required at the time of appointment. Credit Card payments incur a surcharge.  
If you are treated under an ACC claim and ACC refuses the claim you are responsible to cover all costs for treatment received.
6. 24 hour advance notice is required for cancelling an appointment. Late cancellation or no shows will be expected to pay the full amount unless otherwise negotiated.

Name:.....

Signature:.....

Parent/Guardian  
if patient under 16 years:

Date:.....

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