

Stuart Yates Osteopathy

M.Ost DO ND

Registered Osteopath

Consent to Intimate Examination and/or Treatment

Date:

Procedure:

I confirm that the examination or treatment procedure described above has been fully explained to me and that any questions I have about the procedure have been answered to my satisfaction.

I also confirm that I have been offered the facility of a chaperone of my choosing if required.

Chaperone present Chaperone not required

If present:

Name: Tel:

Relationship to patient:

I hereby give my consent for the procedure to be carried out at Stuart Yates Osteopathy by.....

Name:

Signed: