

## Wells PhysioFit Ltd

### Client Consent & Terms of Treatment

Wells PhysioFit Ltd  
Company No: 13091044

Clinics:  
63 Fairview Road, Headley Down, Hampshire GU35 8HQ  
Trimithi, Tower Road, Hindhead, Surrey GU26 6SL

Therapist: **Heidi Wells – Chartered Physiotherapist & APPI Pilates Instructor**

#### 1. Consent to Assessment and Treatment

By signing the Consent form, I consent to being assessed by the therapist in order to determine the most appropriate form of treatment or exercise programme.

Treatment may include:

- Physiotherapy assessment and advice
- Rehabilitation exercises
- Pilates-based exercise programmes
- Strength and mobility training
- Manual therapy where appropriate
- Exercise prescription and lifestyle guidance

Pilates-based exercise programmes focus on posture, core strength, flexibility and movement control. Exercises may involve mat-based movements, controlled resistance and bodyweight exercises designed to improve strength and mobility.

Any exercises provided for home practice should be performed within the limits advised by the therapist. Clients should discontinue any exercise that causes pain or discomfort and seek guidance before continuing.

The therapist will explain the aims, benefits and any potential risks of treatment.

I understand that I may **withdraw my consent at any time**.

While every effort will be made to provide effective treatment, no guarantee can be made regarding specific outcomes.

I understand that physiotherapy and exercise-based rehabilitation involve a degree of inherent physical risk.

As with any form of physical exercise, Pilates may involve a risk of muscle soreness, fatigue or aggravation of existing injuries

#### 2. Participation in Exercise

I understand that participation in physiotherapy, rehabilitation exercises and Pilates involves physical exertion and carries a risk of injury. I agree to follow all instructions provided by the therapist and to stop any exercise if I experience pain, dizziness or unusual symptoms.

While every effort is made to ensure exercises are safe and appropriate, all exercise carries a small risk of injury.

I agree to:

- follow the therapist's guidance
- work within my own limits
- inform the therapist if any exercise causes pain or discomfort

Where equipment is used as part of Pilates exercises, clients agree to follow all instructions provided by the therapist to ensure safe use.

In group Pilates sessions, exercises are provided to a group and may not be individually tailored to each participant. Clients are responsible for working within their own limits and informing the therapist of any pain or injury.

Clients who are pregnant, recovering from surgery, or who have any medical condition affecting exercise participation should inform the therapist before beginning or continuing Pilates exercises

### **3. Health Information**

I confirm that the health information I provide is accurate and complete to the best of my knowledge.

I agree to inform the therapist of any changes to my health, injury, medication or medical condition that may affect my ability to participate safely in treatment or exercise.

Failure to disclose relevant medical information may increase the risk of injury and may limit the therapist's ability to provide safe and appropriate treatment.

### **4. Professional Standards**

All treatment is provided by Heidi Wells, Chartered Physiotherapist and APPI Pilates Instructor, in accordance with professional standards and within the scope of professional qualifications and insurance.

Treatment will be provided within the therapist's professional competence and in accordance with the standards of the Chartered Society of Physiotherapy and relevant professional regulatory bodies.

### **5. Data Protection**

Personal and health information will be processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Information is collected for the purposes of providing healthcare treatment, managing appointments and maintaining clinical records.

Records will be stored securely and retained in accordance with professional and legal requirements.

You have the right to request access to your personal data and to request correction where appropriate

Your information will not be shared with third parties without your consent unless required by law, or where it is necessary for the provision of healthcare or for safeguarding purposes.

Your information may be processed by trusted service providers who supply secure systems used for appointment management, clinical records and data storage. These providers act only on our instructions and are required to comply with data protection law.

Further information about how we collect, use and protect your personal data, including your rights under data protection law, is available in our **Privacy Notice**.

## **6. Fees and Payment**

Payment for treatment is due **at the time of the appointment**, unless otherwise agreed.

Clients are responsible for the payment of all fees relating to their treatment.

If you intend to claim through private medical insurance, it remains **your responsibility** to confirm your level of cover and ensure authorisation where required.

Any shortfall or excess not covered by insurance remains the responsibility of the client.

Fees may be subject to periodic review and may change with reasonable notice.

Late payments may incur additional charges where applicable

## **7. Cancellation Policy**

Appointments require **a minimum of 48 hours notice for cancellation or rescheduling**.

Appointments cancelled with less than 48 hours notice may be charged at the full appointment fee.

This policy helps ensure appointment availability for other clients.

Failure to attend an appointment without notice may be treated as a late cancellation and the full fee may be charged

## **8. Communication with Medical Professionals**

With your permission information may be shared with your GP or other healthcare professionals where this is considered necessary for your care or if this is considered helpful for your care.

## **9. Late Arrival Policy**

If you arrive late for an appointment, the therapist may be unable to provide the full scheduled treatment time. The full appointment fee will still apply.

## **10. Complaints Procedure**

If you have concerns about any aspect of your treatment, please raise them with the therapist in the first instance. Formal complaints may be submitted in writing to Wells PhysioFit Ltd.

## **11. Remote / Online Sessions**

Where consultations are provided remotely, clients confirm they have a suitable space to perform exercises safely.

## **12. Limitation of Liability**

While all reasonable care is taken in providing treatment, Wells PhysioFit Ltd shall not be liable for any injury, loss or damage arising from failure to follow professional advice or from the omission of relevant medical information by the client.

## **13. Governing Law**

These terms are governed by the laws of England and Wales.

## **14. Acceptance of Terms**

By signing the Consent form, I confirm that:

- I have read and understood these terms
- I consent to assessment and treatment
- I agree to the cancellation and payment policies

I confirm that I have had the opportunity to ask questions about the treatment and the terms outlined above.