

Full Name of Patient (BLOCK LETTERS PLEASE)

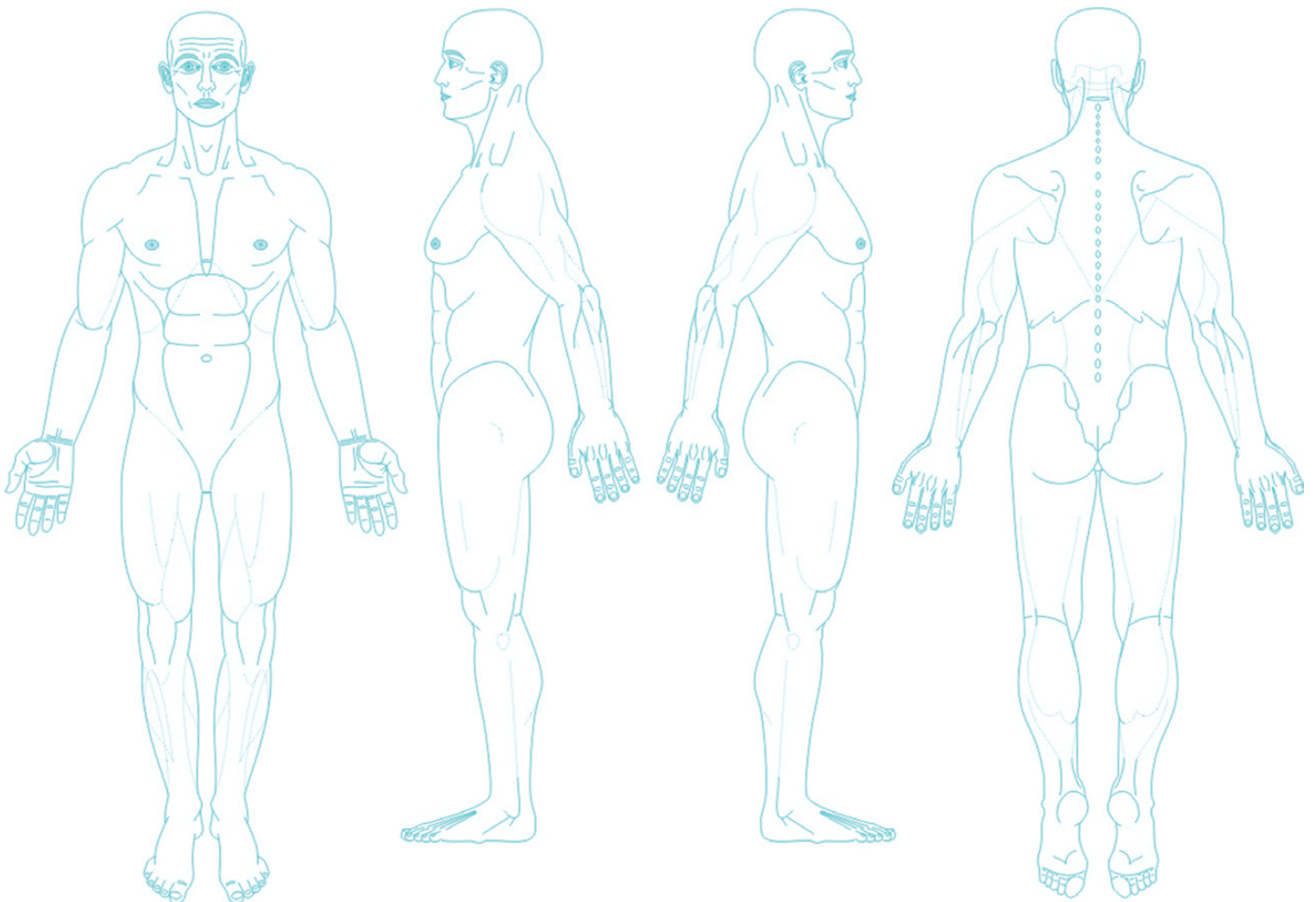
Consent for Assessment and Treatment

Important Information - Client Declaration

Kevin Anthony Walsh has provided me with a thorough explanation of the examination and treatment procedures appropriate for my condition. A verbal explanation will be given prior to the undertaking of any clinical activity to which I can refuse.

The examination and subsequent treatments are skin deep and may include body contact which may be considered invasive in nature but which formulates a normal part of the clinical examination and treatment procedure.

Following my understanding of these facts, the examination and treatments will only proceed if I agree and give written consent.



I have consented to allow Kevin Anthony Walsh to undertake an examination and to conduct any treatment as required upon the painful areas to which I have circled on the above diagrams

Patient Signature.....

Date.....