*Clinic Details*

**Consent Form – Intimate Examination and/or Treatment**

**Explanation**

Certain procedures that form part of the normal practice of osteopathy may be invasive in nature or involve intimate areas of the body. Before undertaking such procedures we will need your written consent. This will stored with your patient notes.

Before examination or treatment we will provide a full explanation of what the proposed procedures will involve and why they are necessary. It is entirely up to you to decide whether to go ahead on the basis of that explanation.

You are entitled to withhold or withdraw your consent to an examination or treatment at any time even after signing this form.

During any intimate procedure, you might wish to be accompanied by a chaperone. If you would like a chaperone but one is not available then your appointment can be rescheduled to such a time as a chaperone can attend.

**Consent**

*[Name of Practitioner]* has explained the following procedure to me, including the reasons why this is appropriate:

Internal (Per-Rectal) Adjustment of the Coccyx (Tail Bone)

I confirm that have not been placed under any pressure to consent to this procedure and I understand that it is entirely my decision to accept or refuse this form of treatment.

I understand that I am at liberty to request a chaperone, either of my own choice, or provided by the clinic. I have decided:

a) To accept a chaperone provided by the clinic

b) To bring a chaperone of my own choosing

c) That I do not require the services of a chaperone

I consent to these procedures being used as part of the examination and treatment offered to me today

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_