

Please complete the relevant sections of this form and take to your assessment(s). Alternatively, you can email the completed form to info@positura.uk.

Title: Mr / Mrs / Miss / Ms / Dr / Other (please specify): _____ **DOB:** _____

Forename: _____ **Surname:** _____

Address: _____

Tel.: H: _____ **W:** _____ **M:** _____

Email: _____

Occupation: _____

Company Name: _____

Musculoskeletal Health Assessment

Please sign and date this part if you are booked to have a Musculoskeletal Health Assessment with Positura.

I hereby give my consent to a physical examination (fully clothed) for the purposes of a musculoskeletal health assessment. I understand that this will be carried out by a fully qualified and registered chiropractor who is a member of the Positura team. I understand that this is an assessment of musculoskeletal health only and at no point will any treatment be given. If a musculoskeletal health disorder is diagnosed, it is my responsibility as to how or if I wish to proceed in seeking treatment, and Positura accepts no responsibility for treatment hereon in. All records remain the property of Positura; I understand that my details will be kept confidential and will not be passed on, except with my prior agreement.

Signed: _____ Date: _____

Postural Health Assessment

Please sign and date this part if you are booked to have a Postural Health Assessment with Positura.

I hereby give my consent to undertake a postural health assessment (fully clothed), carried out by a fully qualified and registered chiropractor who is a member of the Positura team. I understand that this assessment will involve taking digital postural evaluation photographs using a tablet device, that will then be used by pre-installed postural analysis software (all supplied by Positura). I understand that my postural analysis report will be sent to me electronically and I can request for this to be password-protected. All records remain the property of Positura; I understand that my details will be kept confidential and will not be passed on, except with my prior agreement.

Signed: _____ Date: _____

Please Note: If you are booked to receive both the Musculoskeletal Health Assessment and the Postural Health Assessment, you will need to sign and date both parts of this form.