

Amanda Heading
Nutritional Therapist Dip.ION, mBANT, mCNHC
Physical (Sports) Therapist BSc, LCSP (Phys), SMA
0777 379 6035
amandajheading@gmail.com
www.amandaheading.com



Physio Consultation GDPR Form

NAME: _____

ADDRESS: _____

_____ Postcode _____

TELEPHONE: Home _____ Work _____ Mobile _____

HEALTH HISTORY: Please note any major illness, operations or periods in hospital, as well as family health pathology, including any arthritis, osteoporosis, heart issues, history of strokes, diabetes, cancer, high blood pressure/cholesterol or blood disorders. Please note if these conditions are ongoing or resolved:

MEDICATION: Please note the name/dosage and timing of any medications you're currently taking:

PREVIOUS INJURY: Please note any major injury including fractures, dislocations, road traffic accidents, serious falls, knee injuries, ankle injuries, back pain, etc. and any operations, since birth:

AMANDA HEADING BSc, LCSP (Phys), LSSM (Dip)

Nutritional Therapist, MBANT, CNHC; Nutritionist, MBANT | Manipulative Therapy; Remedial and Sports Massage | Acupuncture; Injury Treatment & Rehabilitation; Sports Nutrition | Sports Performance Optimisation.

1, Sunnyside Terrace, Farley Hill, Matlock, Derbyshire DE4 5LT.

Mob: 0777 379 6035 Email: amanda@amandaheading.com

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AMANDA
HEADING
NUTRITION+PHYSIO

REASON FOR APPOINTMENT TODAY: _____

Please note that for the purposes of diagnosis and treatment, you will be asked to disrobe and the appropriate area will be treated. You will be covered with a towel at all times. Treatment may consist of hands-on deep-tissue massage, manipulative therapy, joint mobilisations, acupuncture and electrotherapy. Please ask me to explain any of these terms to you if you are not familiar with them.

Data Protection

All communication with me via email, text message and voicemail must be agreed to by yourself. If you're happy to communicate via these methods (as well as in person), please sign below. You can opt out of these methods of communication at any time by informing me in writing. If you do not wish to provide this information, please be aware that all communication can only be in person or by phone (not voicemail or recorded message), whether initiated by yourself or by me.

All information given to me during your treatment is confidential and therefore not discussed with anyone else, unless requested by yourself and agreed to, for example with other medical practitioners, your GP, consultants or personal trainers/coaches.

I consent to communication from/to Amanda Heading via the above methods, for the purposes of physio treatments, appointment availability/confirmation and information on health, exercise and nutrition.

Signed _____ **Date** _____

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