

CONSENT FORM FOR RELEASE OF TREATMENT REPORT/RECORDS

BODYCARE REFERENCE NUMBER: _____

I hereby give you permission and request you to release all information and final assessment reports relating to my treatment to Bodycare Clinics of Crown House, William Street, Windsor, Berkshire, SL4 1AT. I also authorise the final assessment report be sent to Bodycare Clinics and their Instructing Solicitors/Insurance Company.

I confirm that this information is not required in respect of a claim for medical negligence against the treating therapist.

Signed: _____

PRINT NAME: _____

Date: _____