



## Client Enrolment Form

All information will be treated in the strictest confidence

### A) Personal Details:

|                |                |
|----------------|----------------|
| Name:          |                |
| Address:       |                |
| Postcode:      |                |
| Tel:           | Home<br>Mobile |
| Email:         |                |
| Date of Birth: |                |

### B) Emergency Contact Details:

|       |                |
|-------|----------------|
| Name: |                |
| Tel:  | Home<br>Mobile |

### C) Health Screening:

*Please tick the boxes for any of the following if they apply to you & **provide details overleaf***

1. Have you ever been diagnosed with / treated for any of the following:
  - a. Osteo Arthritis
  - b. Rheumatoid Arthritis
  - c. Fibromyalgia
  - d. Heart Disease
  - e. Stroke / TIA (Transient Ischemic Attack)
  - f. Gastric Reflux
  - g. Hernia
  - h. Glaucoma
  - i. Multiple Sclerosis
  - j. Osteoporosis / Osteopenia (*please specify which*)
  - k. Epilepsy
  - l. Chronic Fatigue Syndrome
  - m. Numbness / Tingling / Diminished Sensation
  - n. Meningitis
  
2. Do you have any Joint issues (shoulder / elbow / wrist / hip / knees)
  - a. Hip discomfort / replacement
  - b. Knee discomfort / replacement
  - c. Hypermobility (excessive joint mobility)
  - d. Repetitive Strain Injuries (inc. Carpal Tunnel Syndrome)
  - e. Adhesive Capsulitis (frozen shoulder)

- f. Rotator Cuff Impingement
- g. Thoracic Outlet Syndrome
- 3.** Do you suffer from any Back or Neck issues?
- a. Sciatica
  - b. Herniated / Bulging Disc
  - c. Spondylolisthesis
  - d. Stenosis
  - e. Scoliosis
  - f. Sacro-Iliac Issues
  - g. Facet Joint Syndrome
  - h. Vertebral fractures (*please specify where*)
  - i. Have you had any vertebra fused?
  - j. Have you had any other surgery on your spine?
- 4.** Do you have any issues with your Mouth / Jaw?
- a. Have you had any major dental work?
- 5.** Have you got any Breathing / Lung issues?
- a. Asthma
  - b. Emphysema
  - c. Shortness of Breath
  - d. Do you experience chronic sinus issues?
- 6.** Is Your Blood Pressure?      High     Normal     Low
- 7.** Do you experience headaches / migraines?
- 8.** Do you experience dizziness / vertigo / balance issues?
- 9.** Do you experience hearing problems / tinnitus / ear infections?
- 10.** Have you had any falls or been involved in any accidents?
- 11.** Have you been diagnosed with cancer (*in the past or currently*)
- a. Are you currently undergoing treatment?
  - b. Have you had surgery?
- 12.** Do you experience any visceral / abdominal issues
- a. Inflammatory Bowel Disease (inc. Chron's Disease)
  - b. Irritable Bowel Syndrome
- 13.** Do you experience any Hormone-related issues?
- 14.** Have you experienced any Gynecological issues
- a. Period Pain?
  - a. Have you had surgery?
- 15.** Have you ever had an epidural?
- 16.** Are you / could you be pregnant?
- 17.** Have you had children? (*please give details inc. delivery*)
- 18.** Have you had any other surgery not mentioned above?
- 19.** Are you currently taking any medication?

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- |   |                          |
|---|--------------------------|
| <b>20.</b> Do you suffer from Stress?                         | <input type="checkbox"/> |
| <b>21.</b> Do you suffer from Anxiety?                        | <input type="checkbox"/> |
| <b>22.</b> Do you suffer from Depression?                     | <input type="checkbox"/> |
| <b>23.</b> Have you ever had a traumatic experience?          | <input type="checkbox"/> |
| <b>24.</b> Do you suffer from Post Traumatic Stress Disorder? | <input type="checkbox"/> |
| <b>25.</b> Do you have any other mental health problems?      | <input type="checkbox"/> |

Please give relevant details to the above questions in confidence:



## D) Privacy Policy:

### 1. How We Use your Personal Data

We are committed to protecting your personal data.

We collect data about you through a variety of different methods including:

**Direct interactions:** You may provide data by filling in forms or by communicating with us by post, phone, email or otherwise, including when you:

- Complete a Cranial Enrolment Form;
- Email;
- Text Message;
- Phone / Skype / Facetime;
- Give us information during a session that is added to ongoing note taking during and post-session;
- Give us feedback.

**Third parties:** We may receive personal data about you from various third parties (with your prior approval), as set out below:

- Health-related information from your Physiotherapist / Osteopath / Chiropractor / Therapist

We will use your sensitive personal data (that is the data you completed in **Section C** for the purposes of providing our services to you or if we need to comply with a legal obligation).

We will use your non-sensitive personal data to (i) register you as a new client, (ii) record Emergency Contact Details (iii) manage payment, (iv) to manage our relationship with you, (v) send you details of new services we may offer in the future

Our legal grounds for processing your data are in relation to points (i) (iii) (iv) above are for performance of a contract with you and in relation to (ii) above for our legitimate interests to provide you with a complete service and (v) above, necessary for our legitimate interests to develop our products/services and grow our business.

We will not share your details with third parties for marketing purposes except with your express consent.

### 2. Disclosure of your Personal Data

We may have to share your personal data with (i) to other professionals for the purposes of discussing your treatment (with your prior approval) (ii) professional advisors including accountants and insurers (iii) HMRC and other regulatory authorities

We require all of these third parties to whom we transfer your data to respect the security of your personal data and to treat it in accordance with the law. They are only allowed to process your personal data on our instructions.

### 3. International Transfers

Some of our third party providers are businesses outside of the EEA in countries which do not always offer the same levels of protection for your personal data. We do our best to ensure a similar degree of security by ensuring that contracts, code of conduct or certification are in place which give your personal data the same protection it has within Europe. If we are not able to do so, we will request your explicit consent to the transfer and you can withdraw this consent at any time.

### 4. Data Security

Protecting your data is important to us and we have put in place security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those third parties who have a business need to know such data. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.

We have put in place procedures to deal with any suspected personal data breaches and will notify you and any applicable regulator of a breach.

In certain circumstances you can ask us to delete your data. See the section entitled 'Your Rights' below for more information.

### 5. Data Retention

We will only keep your personal data for as long as is necessary to fulfil the purposes for which we collected it.

We may retain your data to satisfy any legal, insurance, accounting, or reporting requirements. It is an obligation to our Insurers that we retain all personal data including Contact, Identity and Sensitive Data for a minimum of seven years from the date of the last session provided by us.

We may anonymise your personal data (so that you can no longer be identified from such data) for research or statistical purposes in which case we may use this information indefinitely without further notice to you.

You have the right to ask us to delete the personal data we hold about you in certain circumstances. See section 6 below.

### 6. Your Rights

You are able to exercise certain rights in relation to your personal data that we process. These are set out in more detail at <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

In relation to a Subject Access Right request, you may request that we inform you of the data we hold about you and how we process it. We will not charge a fee for responding to this request unless your request is clearly unfounded, repetitive or excessive in which case we may charge a reasonable fee or decline to respond.

We will, in most cases, reply within one month of the date of the request unless your request is complex or you have made a large number of requests in which case we will notify you of any delay and will in any event reply within 3 months.

If you wish to make a Subject Access Request, please send the request to [alexander@afilmerlorch.co.uk](mailto:alexander@afilmerlorch.co.uk) marked for the attention of the Data Compliance Officer.

### 7. Keeping your Data Up To Date

We have a duty to keep your personal data up to date and accurate so from time to time we will contact you to ask you to confirm that your personal data is still accurate and up to date.

If there are any changes to your personal data please let us know as soon as possible by writing to or emailing the addresses set out in section 6 above.

### 8. Complaints

We are committed to protecting your personal data but if for some reason you are not happy with any aspect of how we collect and use your data, you have the right to complain to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues ([www.ico.org.uk](http://www.ico.org.uk)).

We should be grateful if you would contact us first if you do have a complaint so that we can try to resolve it for you.

We may change this Privacy Notice from time to time and shall notify you of any changes.

Version 1.0 (1<sup>st</sup> May 2018)



## E) Confirmation:

Sessions with Alexander are not a substitute for medical counselling or treatment. If you have any doubts, you should refer back to your medical practitioner.

Please inform your Alexander if there are any changes to your health or if you have any concerns about any technique used during a treatment.

Please note that Alexander operates a 24-hour notice cancellation/rescheduling policy; if you miss your appointment, cancel or change your appointment with less than 24 hours notice, you will be charged the full amount for the session.

Alexander cannot accept liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such therapy.
- You fail to mention an existing medical condition(s) or changes to your health in subsequent sessions.

I have confirmed with my Emergency Contact that they are happy to share their personal details including their contact number

I am happy to be contacted by **Email** to arrange appointments & discuss my health in relation to my sessions

I am happy to be contacted by **Phone** to arrange appointments & discuss my health in relation to my sessions

I am happy to be contacted by **SMS/Text Message** to arrange appointments & discuss my health in relation to my sessions

I am happy to be contacted by email to inform me about new skills or services offered by my practitioner (*you may withdraw your consent at anytime by emailing [alexander@afilmerlorch.co.uk](mailto:alexander@afilmerlorch.co.uk)*)

By signing below, I explicitly consent to us processing the personal data I have included in this form in accordance with our Privacy Policy that is set out overleaf.

I confirm that I have read and understood the above advice & that the information given is correct to the best of my knowledge.

Signed:

Date: