



Stroud Chiropractor

Dr Andrew Charles Evans
MTECH (Chiro)
Doctor of Chiropractic

St Luke's Therapy Centre
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GCC Reg. No. 02724

Confidential Patient History

PATIENT DETAILS

Date: _____

Full Name: _____ DOB: _____ Age: ____ Male Female

Address: _____

Town: _____

Postcode: _____

Occupation: _____ Employer: _____

Email Address: _____

Phone Home: _____ Mobile _____ Work _____

Status: Single Married Cohab. Widowed Separated/Divorced

Civil Partnership In a relationship

Spouse/Partner's Name: _____ No. of Children: _____

No. of Children still at home: _____, Names and Ages: _____

Who should I contact in case of emergency: Name: _____

Relationship: _____ Tel No.: _____

How did you find me? _____

Who can I thank for referring you to me? _____

Have you had chiropractic care before? Y/N

If so when? _____ Who? _____

How long were you under care? _____

Any other holistic therapies? _____

Notice of Data Protection Policies
Acknowledgment Form

We will never share your personal or private information with anyone not directly involved with your care within Stroud Chiropractor.

The following ways are the only ways your information may be used unless requested by a judge. Please select (circle) your preferences below and sign.

- To another health-care provider, hospital or facility if they request it in order to assist them in caring for you. Y/N
- To an insurance carrier or employer if they are responsible for payment or reimbursement of services. Y/N
- If you are not available to receive an appointment reminder, a message may be left on your answering machine or with a person in your household or at work. We may also send you correspondence by email.

Yes, I wish to receive reminders. No, I do not wish to receive reminders.

- Stroud Chiropractor is with in St Luke's Therapy Centre. The Centre has a mailing list to let people know about interesting talks from other doctors and therapies on subjects as diverse as depression to coronary disease. Holistically based workshops and tasters are also offered. This would include special offers by Stroud Chiropractor. Would you like to receive this information. Y/N
- Occasionally it may be necessary for me to contact your GP or consultant about your care. Are you happy for me to share information from your notes with relevant medical professionals. Y/N

My signature acknowledges I have read this notice, understand it and agree with the policies explained.

Name (Print) _____

Signed _____

Date ____/____/____