

Consent To Treatment – Patient Information

Please read the following statements and sign below:

Physiotherapy involves many different types of physical evaluation and treatment. As with all forms of medical treatment, there are benefits and risks involved with physiotherapy. The physical response to treatment varies and cannot always be predicted, as every individual is different. There is no guarantee that the treatment will help the condition(s) you are seeking treatment for and there is a risk that treatment will cause some discomfort or aggravation of the existing condition(s). During your physiotherapy visit(s), it is often necessary to expose and touch the area in need of treatment. It is always our intention to respect your right to privacy and to protect your modesty during treatment. If you have any concerns about this aspect of your treatment please discuss with the physiotherapist.

By signing this document, I hereby consent to the rendering of a physiotherapy evaluation and treatment as deemed appropriate by the treating physiotherapist. The physiotherapist will explain assessment findings, diagnosis and discuss treatment recommendations with you.

I understand that my treatment in this clinic may involve the use of:

- Manual/Manipulative Orthopaedic Therapy (Stretching or mobilisation of joints and tissues)
- Neuromuscular and Soft Tissue Techniques
- Exercise and Pilates programs aimed at mobility, strength, and function
- Dry Needling
- Various physical and electrical modalities (such as taping, ice, heat, TENS).

I understand that discomfort may occur following treatment.

I understand that it is my responsibility to contact the clinic should I experience any unusual symptoms.

I understand that if at any time I am not comfortable with, and/or do not understand the purpose of any treatment procedure I will ask the physiotherapist for further explanation/information.

I understand that I may stop the assessment or treatment procedure at any time, during or after a consultation.

I intend this consent form to cover the entire course of treatment for my present condition(s), and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time.

Signing this form does not remove my rights to withdraw from any treatment option the physiotherapist may offer now or in future.

I agree to indemnify the Provider of this service and its employees, agents and representatives from claims made against them in the event that I react to the treatment provided.

We value your time and appreciate helping you with your health care needs. Your appointment is important to us.

As missed appointments may inconvenience other patients, our clinic has employed a policy of charging a normal consultation fee for missed appointments and those appointments cancelled without 4 hours' notice. We hope that this does not inconvenience anyone too much and should ensure in future that you have the best opportunity of having your needs met in an appropriate time frame.

I have read this form in full and agree to all consent regarding physiotherapy evaluation and treatment.

My signature below indicates my understanding of all of the above information.

Name of Patient

Signature of Patient

____/____/20____
Date

Patients under the age of 18

It is the policy of this clinic that any patient under the age of 18 must have their parent or legal guardian present during their child's initial consultation. It is strongly recommended that a parent or legal guardian should attend all subsequent appointments.

If under 18 years of age, the following section of the consent form must be completed by a parent or legal guardian before treatment can be initiated.

I have read and fully understand all of the above information and give my permission to have

_____ assessed and /or treated at the Institute of Sports and Spines.

Printed name of parent/guardian

Signature of parent/ guardian

____/____/20____
Date