



Physiotherapy Informed Consent Form

Please read the following statements and sign below.

- I must inform this office of any other practitioner (other than physicians) that I am currently seeing.
- I must inform my physical therapist of any contagious or infectious condition that I might have.
- I understand that I need to express all of my health concerns (both current and past) to my therapist.
- I consent to an examination and treatment performed by a licensed physiotherapist.

The results will assist the physiotherapist in determining the appropriate physical treatment to meet my specific needs and goals. I understand that my treatment in this clinic may involve the use of:

- Various physical and electrical modalities
- Acupuncture
- Stretching or mobilization of joints and tissues
- Exercise programs aimed at mobility, strength and function

• I understand that discomfort may occur following treatment. The therapist will contact my physician should the presence of symptoms represent any potential risks. I understand that it is my responsibility to contact a therapist in 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 session.

• I understand that the Clinic will send an initial assessment and follow-up report(s) as appropriate to the licensed practitioner who referred me to the clinic for treatment.

• I have read, understood, and had opportunity to discuss the Client Information form

I have read and fully understand all of the above information and give my permission to be assessed and /or treated at Burlington Physiotherapy & Health Clinic.

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

Name of Client

Date

Signature of Client

Witness Signature

If **under 16 years of age**, the following section of the consent form must be completed by a parent or guardian before treatment can be initiated.

Printed name of parent/guardian

Date

Signature of parent/ guardian

Witness Signature