



PATIENT INFORMATION AND CONSENT FORM

## PHYSIOTHERAPY TREATMENT

Dear Patient:

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 you are seeking treatment for and there is a risk that treatment will cause some discomfort or aggravation of the existing condition.

During your physiotherapy visit, it is often necessary to expose and touch the area in need of treatment. Every effort is made to preserve modesty and keep you comfortable. Please communicate to your therapist if you have any concerns during the treatment.

By signing this, I hereby consent to the rendering of a physiotherapy evaluation and treatment as deemed appropriate by the treating therapist. I have the right to decline treatment at any time. The therapist will explain your physiotherapy diagnosis and discuss treatment recommendations with you. When appropriate, my treatment plan may be carried out by an assistant(s) and or support personnel under the supervision of the treating therapist. Physiotherapy, as with any type of medical care, is the most effective if you participate according to the treatment plan agreed upon with your therapist. If at any time you have questions regarding treatment and services provided, please do not hesitate to talk to your therapist.

I authorize the release of all necessary information to my primary care provider and/or referring physician.

I authorize the release of information to \_\_\_\_\_ in regards to my care and /or status.

I have read this form and agree to all consent regarding physical therapy evaluation and treatment.

\_\_\_\_\_  
Patient Signature:

\_\_\_\_\_  
Date: