



PHYSIOTHERAPY CONSENT TO TREATMENT

I, undersigned, am part of the active process of giving my voluntary consent for the administration of physiotherapy deemed appropriate by my treating physiotherapist. I understand that physiotherapy treatments may include various forms of manual therapy techniques such as mobilization, manipulation and/or soft tissue techniques. Treatments may also include modalities such as heat, ice, therapeutic taping, ultrasound, TENS, interferential current, and electric muscular stimulation. Other treatment options include IMS dry needling, that involve the insertion of single use, sterile, disposable needles through the skin, into the underlying muscles. Individualized exercise prescription may also be utilized.

I will have the opportunity to discuss with my physiotherapist the presenting clinical condition, nature and purpose(s) of treatments, alternatives to such treatments and related risks and benefits to selected treatments. I accept the fact that there is no guarantee of the effectiveness of the treatment. I consent to the physiotherapy treatments offered or recommended to me by my physiotherapist(s). I intend this consent to apply to all my present and future physiotherapy care. I understand I can revoke such consent at any time.

I, undersigned, confirm that I have read, or have been read to, this information and have had the opportunity to ask questions regarding any and all parts of the assessment and/or treatment process and hereby agree to the above information and give my voluntary consent.

PRVACY AND RELEASE OF INFORMATION

Sumas Mtn Wellness abides by the standards of the Personal Information Protection Act BC, Physiotherapy College and Association (CPTBC and PABC), in that patient information is confidential and is stored in accordance of such regulatory bodies. Information will only be accessed by health care professionals directly involved in your care and may be released to my physician, other health care professionals involved in my care and/or coverage providers unless otherwise requested. This may be in the form of a report, letter, phone, fax, email or direct communication:

I authorize Sumas Mtn Wellness to collect, store and use my information as outlined above

Signature _____

Date _____

(Parent/Guardian if under 19 years old)