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## **INFORMED CONSENT TO OBTAIN PHYSIOTHERAPY TREATMENT**

I hereby give my consent to undergo physiotherapy assessment and or treatment, should I elect to receive treatment. I have discussed, with my physiotherapist the benefits and associated risk of treatment and or assessment for my particular condition. Where appropriate, my treatment may include manual therapy (manipulation), soft tissue techniques (Active Release Techniques and / or Graston Technique), modalities (TENS, IFC, electrical acupuncture and shockwave), and active therapeutic exercise.

I understand that results are not guaranteed and that I may withdraw this consent at any time. If deemed appropriate by my physiotherapist, I agree to have a student or support personnel (Athletic Therapist, Kinesiologist, Rehabilitation Assistant, or Physiotherapy Support Personnel) carry out my treatment plan under supervision.

I give permission for my physician, physiotherapist, treating therapist, insurance company, WSIB, employer, lawyer, or rehabilitation counselor to discuss any medical information pertinent to this claim.

Name (print please, Parent or Guardian):

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Signature (Parent or Guardian if under the age of 18):

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Date (dd/mm/yyyy): \_\_\_\_\_