

As part of the physiotherapy, massage therapy and chiropractic treatments certain procedures and devices may be utilized as the use of heat, ice, electrotherapy, ultrasound, light therapy and manual therapy.

As part of the exercise program certain procedures, devices and equipment may be utilized such as weight machines, exercise, cardiovascular work and functional tasks.

I understand and I am informed that:

1. There are some slight risks to treatments and assessment, including, but not limited to muscle strains, sprains, disc injuries and burns.
2. There are remote chances of injury. However, appropriate tests will be performed to help identify if I may be predisposed to risk or injury.
3. I can at any time discuss with the physiotherapist and I or other clinical staff, the nature and purpose of treatments and their risks.
4. The results of treatment are not guaranteed. I will discuss the goals of my treatment with my practitioner.
5. The personal information that is gathered by this facility will be kept securely within the facility and used only for my health care needs.
6. I give the practitioner permission to assess my physical person and discuss I determine the appropriate course of treatment.

I have read and understood the above statement, accept the risk and hereby consent to all my present and future rehabilitation.

Client's Signature: _____ Date: _____

