

Physiotherapy Assessment, Treatment and Release Form

I, _____, do hereby acknowledge my consent to participate in physiotherapy assessment and treatment program consisting of the following components:

- Provocative tests
- Therapeutic exercises (may or may not use electro/mechanical equipment)
- Mobilizations and manipulations
- Massage (may or may not use electro-therapeutic equipment)
- Electrotherapy and other physical modalities
- Heat/cold therapy
- Traction/decompression
- Education

I, _____, do hereby acknowledge:

- That the assessment is completely voluntary and I may stop it any time.
- That the assessment results will be used to compare my present abilities with my work demands and pre-injury functional abilities.
- That I may experience temporary aggravation of symptoms as a result of the assessment.
- That the treatment program is completely voluntary and I may stop it any time.
- That I may experience temporary increased soreness as a result of the treatment.
- That I have the obligation to inform the therapist of any symptoms of discomfort and distress such as dizziness, shortness of breath and chest pain.
- That the therapist may stop the assessment or treatment upon observation of any symptoms of distress or abnormal response.
- That I may ask questions at any time during the assessment or treatment regarding any concerns relevant to my case.

I, _____, give consent for physiotherapy assistant/s (PTAs) to administer physical modalities and supervise my exercises during physiotherapy sessions.

I, _____, do hereby acknowledge that I have been informed of the cost of the assessment and treatments/services provided to me and I am responsible for paying the full amount for those services. I understand that Health For Life Centre may under circumstances bill these services to my insurance company, and that I am responsible for paying in full, the balance of any amounts not paid by the insurance company.

I have read and understood the assessment and treatment procedures and hereby release Health for Life Centre, their officers and employees from any liability with respect to any injury that I may suffer during the assessment and/or treatments except when damage or injury is caused by negligence of Health for Life Centre or their officers and employees acting within the guidelines of their duties.

Signature: _____ Date: _____

Witness: _____ Date: _____