CONSENT FORM

Dear Patient

There are a few points that we are obliged to make you aware of, we would request that you read and sign at the bottom to indicate you have understood the information.

1. We have a Privacy Notice displayed in the clinics. If you would like a copy, please ask.
2. Attending our Physiotherapy Treatment Centres clinics, for physiotherapy assessment, evaluation and treatment will consist of history taking movement analysis, various tests and measurements.
3. For your comfort it is suggested that you wear loose clothing, to allow easy movement. It may be necessary for the therapist to ask you to undress the body area to be assessed/treated, you can decline and we will work around clothing as best we can. (You may prefer to wear vests, crop tops, baggy/loose trousers, or shorts.)
4. Treatment recommendations may include, but not limited to, manual therapy, advice, exercise, acupuncture, electrotherapies. Any treatment recommendations, and options will be explained to you, along with any benefits and risks, in order for you make an informed decision on your treatment.
5. You can ask your therapist questions at any time.
6. You can stop your assessment or treatment at any time.
7. We are very happy if you would like to bring a chaperone with you. (All patients under the age of 18 years must be accompanied by an appropriate adult.)
8. The clinic reserves the right to charge a cancellation fee for any session where the patient fails to attend or cancels with less than 24 hours’ notice. All cancellations fees are payable by the patient, and, in most, are not recoverable from insurance cases.
9. The patient is responsible for full and final responsibility for the settlement of my accounts notwithstanding any agreement to settle my accounts with a third party.

My signature below confirms I have read and understood all of the above information.

PRINTED NAME:

SIGNATURE:

DATE: