

## Informed Consent to Treatment

Though rare, there are possible risks associated with manual therapy assessment and treatment or exercise techniques by Physiotherapists. These include:

1. Temporary aggravation of soft tissue dysfunctions in the process of investigating the behaviour of symptoms or applying corrective exercises and/or manual therapy techniques.
2. Rare cases of skin irritation and /or burns from the use of electrotherapy or heating modalities.

I acknowledge that I have read and understand this consent. Also, that I have discussed or been encouraged to discuss with my Physiotherapist any questions or concerns about the nature of Physiotherapy treatment in general, specific treatment options and recommendations relating to my condition and contents of this consent.

I consent to the Physiotherapy treatment recommended to me by my Physiotherapist and understand that I am encouraged to voice any questions or concerns about my condition or treatment and that I may withdraw this consent at any time.

I intend this consent to apply to all my present and future Physiotherapy care.

Dated \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print Patient / Guardian  
(Who has health care custodial rights)

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Print name Witness

\_\_\_\_\_  
Signature of Witness